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Editorial

Author: Laughlin, Charles

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Abstract: None available.

Full Text: Ah, at last some controversy! And I want to thank Dr. Brent Logan for bringing it to the fore (see Letters to the Editor). The controversy involves the issue of peer review in scientific journals. It also involves the question of what role if any does an editor have in policing the material brought before the public. Studies indicate for example that there is a lot more fraud in science than we scientists would like to believe, that there is a strong suggestion that there are not many really adequate checks to these excesses. According to the standard bureaucratic line, science polices itself by requiring that results of research be replicable and replicated. That means that the results are supposed to be reported in such a way that other scientists can repeat the research and check the original results. The fact of the matter is that very few scientific results are

replicated. Reputations are not made in science by repeating somebody else's research. As a consequence, a lot of faulty science does get through into the literature. If you are interested in this question, I would recommend an excellent book by William Broad and Nicholas Wade entitled *Betrayers of the Truth: Fraud and Deceit in the Halls of Science* (New York: Simon and Schuster, 1982). One mechanism for protecting the quality of scientific reportage that is generally used is the institution of peer review in journals. That means that before articles submitted for publication are accepted by the editor, they are sent anonymously to other scientists and professionals for critical evaluation. Tom Verry first introduced this procedure for PPPJ and I almost always send a paper out for review to at least two members of our Editorial Board for their comments before I decide to publish it. I try to send the paper to reviewers whose areas of competence are as close as possible to the topic of the paper. I also take the author's name off the copy the reviewers receive and assign it a number. After I hear back from all the reviewers, I then decide which of the following categories to assign the paper: (1) accept the paper for publication without any revisions, (2) accept the paper for publication with slight revisions suggested by the reviewers and myself, (3) reject the paper, but allow it to be resubmitted with major revisions, or (4) reject the paper as unsuitable for our journal. Thus far, most papers have fallen into category number 2. Now, as Dr. Logan notes, this method of evaluating papers can, if the editor is not careful, exert a conservative influence upon the types of research being reported in a journal. If an editor and his/her Editorial Board are not mindful of this, only mainstream ideas and research procedures may make it through the filter of the review process. I know this from my own experience as an anthropologist with, shall I say, unorthodox views on the nature of the human condition. I am very sensitive to this issue, and I agree with Dr. Logan that it is a persistent problem in the production of scientific literature. For this reason PPPJ takes (has always taken) the most eclectic stance in considering articles of scientific import to the pre- and perinatal psychology movement. We will continue to bend over backwards to be broad in scope, to tolerate divergent views and methods of inquiry, to accept a balanced presentation of data from clinical, phenomenological, naturalistic and experimental perspectives, and to appreciate a wide range of theory and literary style. At the same time, we are committed to quality, whatever the view or method espoused. And quality in science involves in part a demonstrated relationship between an author's views of the world and accurate observations of the world—be those observations from the lab, the consulting room, the field or the self. After all, the only thing that distinguishes science from other modes of knowing is a commitment to scrutinize how we come to know what we claim to know. Science is not just knowledge, but is a concern for how we know. If a scientist claims that "all bananas are yellow," it is of great importance to be able to show that there are purple bananas in the world. This is called the falsifiability of ideas. One of the things I look for in a paper as both a professor of science and a journal editor is how well has the author handled this all-important relationship between beliefs about the world and evidence about the world. This is such a major issue that, along with Dr. Logan, I would like to hear your thoughts on the matter. Perhaps we can generate a dialogue about editorial responsibility and the quality of reportage in these pages. Meanwhile, we have a number of interesting articles in this quarter's issue to feed your curiosity. The lead article by Dr. Roberta Sachs is disturbing in the extreme. It presents clinical findings related to the use and abuse of infants and children in Satanic Cult rituals, a much discussed topic in the media today. Dr. Justus Hofmeyr briefly reports on a procedure carried out during the 1960's using "abdominal decompression." This report is very appropriate considering the issue of quality in science I have discussed above, for it was believed at the time that this procedure would produce exceptional intelligence in the fetus and newborn. As it turns out, this belief was based upon faulty research. Dr. B.R.H. Van den Bergh reports on some research relating the maternal emotional state to the behavior of the fetus and the later behavior of the newborn. Dr. Janet Kestenberg Amighi reviews some of the cross-cultural evidence pertaining to the relationship between maternal detachment and positive affect. The last article is by myself and is one that was originally published in the 1985 special pre-congress issue of this journal. A number of PPPANA members have asked that it be made more easily available. This is the paper mentioned by Dr. Logan in his letter. I would like

to assure Dr. Logan, and the rest of you, that the original manuscript was reviewed before acceptance by the editor (then, Dr. Tom Verny) and was in fact substantially revised to meet the reviewers' criticisms. I would like to draw special attention to the outline in our Sharing Space for a proposed course in pre- and perinatal psychology developed by Dr. Tom Verny and Michael Irving. I think it is very important to introduce a pre- and perinatal component into the curriculum of various university disciplines, especially psychology. We also have four excellent book reviews. I am pleased that more of you are taking the responsibility of reviewing books. Keep up the good work! AuthorAffiliation Charles Laughlin Editor-in-Chief Carleton University Ottawa, Canada

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Letter to the Editor

Author: Logan, Brent

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Abstract: None available.

Full Text: To the Editor: I would like to raise a concern about a PPPJ editorial policy change, and hope your readers might respond with their perspectives. You recently wrote me that as the new editor of this seminal

organ you have instituted "a strict peer review procedure"-and with that approach I demur. As you may know, there are mounting remonstrances against such collective practice, and the words of Candace B. Pert in the April 2 issue of *The Scientist* seem poignantly apropos: Scientists generally believe that they are-or ought to be-always objective and dispassionate, devoid of emotion and bias in the conduct of their own work and their critiques of others. But isn't this really a self-serving deceit? Indeed, all of our behaviors - including our reactions to the work of our colleagues-have a psychologically based, emotional component that affects our very perceptions. The more divergent, the more unsettling any new information is, the stronger will be our emotional reaction to it. And the more radical the innovative finding or hypothesis, the stronger the defense of the status quo-particularly if it has relevance to one's own work, reputation, and livelihood. Thus, claims of failure to "replicate" made by experts vested in an outworn paradigm must be scrupulously examined for technical discrepancies. Unfortunately, in today's witch-hunting climate, the barest whiff of controversy turns off the generally genteel solid scientist who now reads "hoax" between the lines of science news and avoids the whole messy business like the plague. At the heart of this discussion are the critiques that commonly accompany reviews of manuscripts and grants-the scholarly nit-picking critique, its emotion revealed in content superficially devoid of feeling but clearly aimed at suppressing new information. It is the kind of critique that fails to recognize novelty or importance and succeeds in communicating between the lines: "I just don't believe your work could possibly be correct (or as important as mine); therefore, I am going to stop it!" Original research is usually reviewed by so-called experts in this or that area; but both experts and areas are apt to be outmoded when new discoveries and merging disciplines-psychoneuroimmunology, for example-are occurring at a breathtaking pace. Since experts by definition are products of the currently reigning paradigm, they may be particularly poorly suited for recognizing novel breakthroughs. Science experts by definition are products of the currently reigning paradigm, they may be particularly poorly suited for recognizing novel breakthroughs. Science is not a democratic process: Unanimity of expert opinion-no matter how powerful or highly placed the experts-is no guarantee of scientific truth. I trust my colleagues' data. I also believe that it is more important to publish the slightly uncomfortable study than to publish the solid-to-the-point-of-being-boring work. Fraud is an infinitely smaller danger to scientific progress than is the suppression of the quest for novel, invigorating Truth. When new and important work never sees the light of day and innovators are eliminated from the system before their contribution can penetrate it-this is the real crime! It is not merely that I fear for dissemination of my own findings: Because a few nascent periodicals like the PPPJ have been personally generous toward the prelearning discovery, I would expect greater-not lesser-thematic latitude as these publications gain strength from their own pioneering example . . . adolescents realizing authenticity of character. This is why when I read of a "strict" reversal in direction, I understand vital liberalism suffering conservative anxiety-exuberant orality constricting anally-in an oxymoronic effort to legitimize the leading edge. Based on such wonderful precedent as its stellar repertoire of endearing iconoclasts, I see the PPPJ and peer review as antithetical (it is hard not to suspect that a number of adventuresome pieces previously appearing, under group rule would never have surfaced . . . including one of my favorites by a certain northern anthropologist-"Womb = Woman = World"). I believe Sibelius once remarked that he could not recall any statue erected to a committee (or was it a critic?)-for reasons bureaucrats by definition can never fathom. While the likelihood of PPPJ peer reviewers being less than hyper-enlightened is extremely remote, I find that the principle invoked by this change flies in the face of what preand perinatal psychology has fought so hard to preserve: individual vision backed by courage not adulterated by consensus. What needs to continue, Charles, is the editorial creativity of your predecessor. But my qualms may be misplaced: Prove me wrong by the ongoing inclusion of thoroughly vexing, risky, trendsetting articles-whether selected by demonstrably unbiased ballot or that truly egalitarian majority ... of one. Anyway, the very best wishes in your Sisyphean task! AuthorAffiliation Brent Logan, PH.D. Director, Prelearning Institute

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The Role of Sex and Pregnancy in Satanic Cults

Author: Sachs, Roberta G, PhD

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Full Text: Headnote ABSTRACT: The functional role of sex and pregnancy in transgenerational Satanic Cults is described and contrasted with its purpose in "normal" social groups. These observations are based on the reports of former Satanic cult members who are now being treated for some type of dissociative disorder. In "normal" social groups, the primary functions of sex and pregnancy center on perpetuating the gene pool of group members. In Satanic cults, however, the primary function of sex is to form a bond between some type of painful stimulation and physical pleasure. Pregnancy, while also a means of perpetuating the gene pool of cult members, is also viewed as a method for offering new souls to Satan. In "normal" social groups, every effort is made to preserve the life of one's offspring. However, in Satanic cults a specific selection process determines which babies will live or die. For example, some cult members are designated as "breeders" and their task is to

produce children who will be offered as sacrifices in Satanic rituals or for black market trade. Breeders are sadistically abused while pregnant and often it is considered a challenge to see how much torture they can endure without aborting their unborn child. Breeders suffer this abuse because it is a way for them to advance in the cult hierarchy of power. The young children of cult members are forced to play a prominent role in various sadistic sexual and sacrificial rituals at an early age. Afterwards, they are forced to cannibalize the dead sacrifice as part of their initiation into the cult. Until recently, many psychologists and psychiatrists were likely to incorrectly interpret the reports of former cult members as sadistic fantasies. This suggests that the underlying cause of their pathology was unlikely to be addressed in treatment. Now that a number of these reports have been externally corroborated by independent sources, health professionals should give greater credence to the potential reality of these bizarre events. Hopefully, this more open perspective will improve the likelihood that these severely damaged patients will receive appropriate and effective treatment. The existence of sects using Satanic rituals whose members engage in sadistic sexual orgies, human sacrifice, and cannibalism can be documented as early as the first four centuries A.D. For example, consider the following account from the recently discovered Dead Sea Scrolls which was written by Epiphanius, an Egyptian monk and later bishop, who lived from 315 to 403 A.D.: "I will now come to the place of depth of their deadly story (for they have various false teachings about pleasure). First they have their women in common. And if a stranger appears who is of the same persuasion, they have a sign, men for women and women for men. When they extend the hand for greeting at the bottom of the palm they make a tickling touch and from this they ascertain whether the person who appeared is of their faith. After they have recognized each other, they go over at once to eating. They serve rich food, meat and wine, even if they are poor. When they thus ate together and so to speak filled up their veins to an excess they turn to passion. The man leaving his wife says to his own wife: Stand up and make love with the brother. Then the unfortunates unite with each other. After they have had intercourse in the passion of fornication they raise their own blasphemy toward heaven. The woman and the man take the fluid of the emission of the man into their hands, they stand, turn toward heaven, their hands besmeared with the uncleanness, and pray . . . bringing to the father who is the nature of all that which they have on their hands, and they say: We offer to thee this gift, the body of Christ.' And then they eat it, their own ugliness, and say: This is the body of Christ and this is the Passover for the sake of which our bodies suffer and are forced to confess the suffering of Christ'. . . [Here Epiphanius describes that cult members also do the same with the menstrual blood of women, and they call it the "blood of Christ."] They have intercourse with each other but they teach that one may not beget children. The infamy is committed by them not for the sake of begetting children, but for the sake of pleasure, because the devil plays with them and mocks the image formed by God. They bring the pleasure to its end, but they take to themselves the sperm of their uncleanness, not for the purpose of begetting children, but to eat their shame themselves. And if someone from among them is detected to have let the natural emission of semen go in deeper and the woman becomes pregnant, then hear, what even worse they do; they pull out the embryo in the time when they can reach it with the hand. They take out this unborn child and in a mortar pound it with a pestle and into this mix honey and pepper and certain other spices and myrrh, in order that it may not nauseate them, and then they come together, all of this company of swine and dogs, and each communicates with a finger from the bruised child. And after they have finished this cannibalism, finally they pray to God, saying, We did not let the Archon of lust play with us but collected the mistake of the brother.' And this they consider to be the perfect Passah. Many other horrible things are done by them. For when they again get into this rage among themselves, they smear their hands with their own emission. They stretch them out and pray with the besmeared hands naked in the whole body that through this practice they may find with God free conversation. But they take care of their bodies day and night, women and men, with creams, washings and foods, and devote themselves to the bed and to wine. They curse the man who fasts because they say that one should not fast, for fasting is the work of the Archon who made this aion. Rather one should nourish himself in order that the bodies may be strong, so that they may give the fruit in its

time." (quoted from Hill & Goodwin, 1989, pp. 40-41). While reports such as the one above seem bizarre, sadistic, and difficult to believe, a number of psychiatric patients have claimed that they were born and/or raised in a Satanic cult which engaged in similar practices. That is, these patients report: 1) engaging in sadistic sexual orgies (e.g., genital mutilation and insertion of sharp objects into their sexual organs, pedophilia, bestiality, and necrophilia); 2) participating in bizarre, tortuous, and malevolent Satanic rituals (e.g., human and animal sacrifices); and 3) drinking the blood of human and animal sacrifices and cannibalizing dead bodies at some point during their participation in the cult (Young, Sachs, & Braun, in press). The observations to be presented here are based on the self-reports of thirty seven former Satanic cult members who were being treated for some type of dissociative disorder at one of two psychiatric hospitals in separate states. While self-reports of Satanic cult involvement are so shocking that their credibility is suspect, in some cases it was possible to independently corroborate a patient's account from another source. For example, some reported witnessing other patients at various communal gatherings of Satanic cults from different geographic regions. In addition, medical examination of former cult members revealed vaginal and penile scarring in a significant percentage of these patients. For example, one female patient was observed with a completely severed labia while another had a pentagram engraved in her abdomen just above her pubic area. These scars and old wounds are consistent with the patient's self reports of bizarre physical and sexual abuse. Finally, in doing consultations for other treatment facilities, the author has heard similar rituals described in detail. Collectively, these observations, when considered along with previous historical accounts, support the conclusion that transgenerational Satanic cults do exist and probably engage in similar rituals and/or practices. All patients treated characterized their cult as being transgenerational. That is, they reported that they were initiated into the cult at birth by their parents and/or other family members. Many were able to track the family involvement back three or four generations, some starting in Europe. This suggests that geographic relocation is unlikely to prevent future cult involvement. For example, when their families emigrated to the United States, they either began a new Satanic group or were given information about how to join an already existing one. In other words, these patients suggested that there are highly organized and widespread cult networks which somehow communicate with each other in order to perpetuate and increase their following. Consistent with earlier historical accounts, patients described the rituals observed by their Satanic cults as reversals or perversions of mainstream, Christian practices. For example, Christians celebrate life, birth, and resurrection while cult members celebrate death, killing, and the delivery of souls to Satan. Christian holidays have their Satanic counterparts. However, while Christian holidays, rituals, stories, and symbols tend to be abstract and benign, their Satanic counterparts are usually concrete and malevolent. For example, in the Catholic ritual of Holy Communion, a priest symbolically turns bread into the body of Christ which is then ingested by the congregation as a way of commingling with the spirit of God. However, in Satanic groups, human bodies are actually eaten by cult members as a way of delivering their souls to Satan. Another example of a religious concept that stands in opposition to Christian teaching is provided by a patient who noted "Satan capitalizes on the 'Garden of Eden' story. God promised Eve pain in labor. Satan, in essence, creates pain/pleasure in the sex act and pregnancy and labor. It null and voids God's promise. Pleasure and pain melt into one. see God you're wrong." The functional role of sex in a transgenerational Satanic cult also has a number of unusual parallels to the functional role of sex in "normal" social groups. First, in most "normal" groups, the members do not typically begin having heterosexual intercourse until adolescence or young adulthood and promiscuity is usually discouraged in favor of a single partner. By contrast, in a Satanic cult, babies and young children are forced to engage in a variety of sexual experiences with group members on a regular basis. Second, in unmarried "normals," the physical pleasure associated with having sex is its primary reinforcing property. In addition, "normal" young people are taught that sex is a private and personal experience. However, in Satanic cults, sexual encounters are almost always combined with drugs and are carried out in a public display of hedonism. Sexual gratification and drug inebriation are also usually paired with some kind of noxious stimulation so that pleasure and pain become

synonymous. Hence, cult members are conditioned from early childhood on to simultaneously experience both pleasure and pain as reinforcing. For example, most "normals" do not engage in sado-masochistic sexual behaviors while these kinds of acts are the norm in a transgenerational Satanic cult. Third, in "normals," having sex is one way of expressing one's love for another person. In Satanic cults, however, having sex with other members is typically a way of expressing obedience to authority and a willingness to comply with the rituals, beliefs, and practices of the group. This promotes a conditioned addiction to hedonism which is directed and supervised by the cult leaders. The functional role of pregnancy in "normal" social groups also differs from its purpose in transgenerational Satanic cults. For example, the primary role of pregnancy in "normals" is to perpetuate the gene pool of group members. Very often, the pregnancy is planned and great care is taken to insure that it will be successful (i.e., "normal" mothers make frequent visits to their obstetrician to monitor the course of the pregnancy; mothers may abstain from doing anything which may be harmful to the fetus such as smoking or drinking). Finally, "normal" parents usually have a sense of hope and optimism about their family's future and are typically drawn closer together by mutually experiencing the joys and stresses associated with the pregnancy. In contrast, the role of pregnancy in transgenerational Satanic cults serves a number of different functions all of which are regulated and supervised by the cult leaders. First, pregnancy is a way for female group members to demonstrate obedience. Cult leaders mandate that they must become pregnant soon after the onset of menses. Although they are told they must have sex with other male cult members, their menstruation cycles are closely monitored (usually by family members) and who they are allowed to mate with when there is a high probability of getting pregnant is determined by the cult leaders. Thus, while it speciously appears that their pregnancy is the likely result of repeated promiscuous sex, the father of their child is often carefully selected. Young breeders (10 or 11 years of age) are given special diets and physical care to insure that their first born will be healthy enough to sacrifice for Satan. After the first full term healthy child, a breeder is no longer given special care, but instead must endure frequent tortures throughout the next pregnancies. The second function of pregnancy is to perpetuate the group. In this regard, the role of pregnancy is similar to its purpose in "normal" social groups. However, the third function of pregnancy is to perpetuate the gene pool of cult leaders so that future leaders will be genetically linked to the leaders of the past. In this regard, cult leaders are selectively bred during a "mating season" with other cult leaders from their coven or another coven. Female cult leaders are not allowed to become pregnant by anyone other than cult royalty. In addition, the pregnancies of cult leaders are initiated in a fertility rite which takes place in front of the entire group. This serves as a later reinforcer for exhibitionism. The timing of the pregnancies are also carefully selected so that the babies will be born on cult holidays. Finally, the fourth function of pregnancy is to provide the cult with a young baby. The baby will either be: 1) aborted (if not perfect) during the course of pregnancy and ritually sacrificed; 2) allowed to be born, sexually abused, then sacrificed; 3) born and tested (i.e., sadistically tortured, forced to kill others, sexually abused) to see if it will eventually be allowed to take a position in the cult; or 4) born and traded or sold for money or drugs. Although the probability of any cult member getting pregnant speciously appears to be a random event, in reality cult leaders have almost total control over who gets pregnant, when someone gets pregnant, and who will be the parents of the baby. A perverted form of birth control is utilized so that female cult leaders are only allowed to have oral instead of genital sex with lower status cult members. This insures that they will only be impregnated by other cult leaders. Many low status, female, cult members are specifically designated as "breeders." That is, the role of these women is to continuously get pregnant in order to provide babies whose future will be determined by the cult leaders. While pregnant, "breeders" report being abused in a number of ways which threaten the life of their unborn child. For example, if a breeder is not complying with cult rules, she may have her stomach tightly bound with cloth or rope in order to provide great discomfort and induce premature labor. At other times, breeders may be forced to imbibe great quantities of liquid and then be prevented from urinating. They are also routinely beaten, especially around the abdominal area. In addition, they are forced to drink "potions" which contain blood, urine, human excrement, and strong drugs. Finally, they

are forced to endure repeated, violent sex in the later stages of pregnancy which often includes having sharp objects inserted into their vaginal canals. Vaginal mutilation is also carried out. However, some care is taken so that vaginal mutilation will not damage the uterus. If the pregnancy is aborted, it is of little consequence since cult leaders place little value on the life of a child without royal lineage. All of these acts are carried out to discriminate successful from unsuccessful breeders. Those that don't deliver healthy children are forced to take another cult job such as prostitution. One condition that might initially save a "breeder" child from sacrifice or trade is if it is born on a Christian holiday. This serendipitous occurrence usually leads to the child being groomed for a position of power in the cult hierarchy. "Breeders" repeatedly go through this sadistic process as a way of advancing their status in the cult hierarchy. "Breeder" children are often forced to endure a variety of tortures in order to select which ones will live and which will be sacrificed. For example, one former cult member reported that young babies were typically held under water, stuck with long needles, and sexually abused. Those babies who cried out excessively were selected for sacrifice while those who did not were allowed to attempt to pass additional tests. This is one way of selectively breeding for those children with a strong, innate dissociative capacity. Those that are able to dissociate the pain and are able to keep cult secrets are allowed to live and become new cult members. Over time, only those children who are able to tolerate and accept cult practices will survive. Some young "breeders" are unable to live with the shame and embarrassment of having their pregnancies aborted in front of the cult. Instead, they try to self-abort their pregnancies in order to avoid this denigration. This is another form of intrauterine abuse. If they are caught, they are either severely punished or sacrificed themselves. Another Satanic cult practice connected to pregnancy is called "rebirthing." In this ritual, a young child is placed in the abdominal cavity of a dead animal or human being. The cavity is then sewn up and the child is forced to participate in a ritual signifying a symbolic rebirth to Satan. In contrast, the high status female members of the cult are treated differently if they become pregnant. First, they usually only have sex with another high status cult member. When pregnant, they are not forced to endure the same kind of abuse or partake in the same kinds of drugs that are inflicted on the "breeders" although they are not completely exempt from participating in painful rituals. Their offspring are not typically sacrificed after birth but are groomed to later assume a position of power in the cult. However, their offspring are still made to pass a different series of tests before they are designated to become a high status member of the cult. Cult members are conditioned to obey a rule of secrecy about cult rituals and practices from birth. For example, very young children are forced to eat the eyes of sacrificial victims as a way of warning them that someone will always be watching them both internally and externally. Cult members who betray any cult secret are punished or sacrificed in a sadistic manner in front of other cult members in order to reinforce and maintain this rule of secrecy. In addition, adolescent "breeders" who become pregnant usually have their pregnancies aborted at cult meetings so that their status will not be discovered by outsiders such as personnel in hospitals or school systems. The aborted fetus is sexually abused and then cannibalized by group members. Cult members also entice, young, unwed, pregnant mothers into letting them take care of a much wanted abortion which they cannot obtain elsewhere. These abortions are often performed in front of a large gathering and the mothers are usually left to die and are then cannibalized. CONCLUSION Collectively, these observations highlight why former cult members typically develop some type of dissociative disorder which is difficult, but not impossible, to treat. They were selectively bred to have a high dissociative ability and were repeatedly traumatized so that they were forced to continuously exercise this defense in order to survive. Those that do survive have been conditioned since childhood not to reveal cult practices and are at risk for programmed self-mutilation or suicide if they initiate treatment and reveal cult secrets. Unfortunately, many health professionals miss or overlook the signs and symptoms of past and present Satanic abuse. If these patients do eventually tell what happened to them, their reports are often met with skepticism and disbelief. Regrettably, this often results in the real causes of their medical and psychiatric problems being overlooked or ignored by well meaning, but unsuspecting mental health professionals. Hopefully, the present discussion will encourage health professionals to develop a more open

mind so that this malevolent abuse can be detected as early as possible and the patient can be referred to an appropriate specialist for effective treatment. REFERENCES Hill, S., & Goodwin, J. (1989). Satanism: Similarities between patient accounts and preinquisition historical sources. *Dissociation* 2: 39-44. Young, W., Sachs, R.G., & Braun, B.G. (in press). Patients reporting ritual abuse in childhood: a new clinical syndrome. *International Journal of Child Abuse and Neglect*. Author Affiliation Roberta G. Sachs, Ph.D. Author Affiliation Roberta G. Sachs received her B.S. in Physical Education from the University of Michigan and both her M.A. and Ph.D. in psychology from Northwestern University. She is currently an assistant professor in the departments of psychiatry and psychology at Rush-Presbyterian-St. Luke's Medical Center in Chicago. She is also Director of Clinical Training for the Dissociative Disorders Program/Inpatient Unit at Rush North Shore Medical Center. Address correspondence to 660 LaSalle Place, Highland Park, IL 60035.

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Fetal Education: A Lesson from the Past

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Full Text: Headnote ABSTRACT: During the 1960's, abdominal decompression during pregnancy was thought, on the basis of poorly controlled studies, to confer exceptional intelligence on the fetus. A carefully controlled study subsequently showed that this was not the case. Mothers who had received decompression treatment tended to give manifestly unrealistic accounts of their children's abilities, and their children differed temperamentally from the control group. The routine use of new techniques before they have been properly validated is not unwise, but makes it difficult subsequently to distinguish between the effects of the technique and those created by the expectations of the parents. INTRODUCTION The widespread concern for early childhood education has in recent years extended to the prenatal period. Attempts to promote exceptional mental development have included provision of auditory educational material to the fetus as well as attempts to optimize the labor and birth experience. This arena is, however, fraught with problems and complexities, several of which are aptly illustrated by the experiences of one of the earlier attempts to promote fetal mental development. Abdominal decompression In the late 1950's, the technique of abdominal decompression was developed in an attempt to promote more efficient labor (Heyns 1959). The pressure about the pregnant woman's abdomen was intermittently reduced by applying suction to an airtight suit held away from the abdomen by a rigid frame. Physiological studies suggested that the technique also improved the blood flow to the placenta and therefore fetal oxygen supply. Studies of the use of abdominal decompression in pregnancies complicated by poor placental function, though not conclusive, suggested that the technique may be of benefit (Hofmeyr 1989, 1990). Attention was then turned to attempts to boost placental function in pregnancies which were essentially normal. In a nonrandomized comparative study, intelligence scores at 2 years of age were significantly higher for babies whose mothers had received decompression treatment than for untreated "controls" (Heyns 1962). These findings were considered of such importance that an impartial evaluation of the technique by the South African National Institute for Personnel Research was commissioned by the Minister of Health. In a careful, prospectively randomized study, no significant difference in intelligence scores was found between babies whose mothers had been randomly allocated to receive decompression treatment, and the control group (Liddicoate, 1968). An interesting unexpected observation was that significantly more of the decompression babies were noted at the time of testing to be undisciplined or aggressive, while more of the control babies displayed shy, overdependent behavior. There was also a tendency for mothers in the decompression group to give manifestly unrealistic accounts of their children's abilities. Recent analysis of the original birth records has shown no difference in birthweight or condition at birth between the two groups (Hofmeyr et al. 1990). Several important lessons can be drawn from this episode, which have particular relevance today. 1. Misleading information from poorly controlled studies The study of Heyns (1962) is an example of the misleading information which can result when comparative studies are not properly controlled. There are likely to be many differences between the decompression and "control" groups, such as self-selection of more intelligent and informed mothers to participate in the decompression program, which may account for the differences between the decompression and "control" babies. Evaluation of babies with the knowledge of the group to which they belong may also bias assessments. Only by preselecting a group of women prepared to participate in such a study, allocating them entirely at random to a decompression and a control group, and evaluating the babies without knowledge of the group to which they belong, as was done in the study of Liddicoate (1968), can one hope for an unbiased assessment of the effects of the treatment. Unfortunately such studies are difficult and often impossible to mount, and many methods of attempting to promote fetal development are coming into use without having been properly evaluated. 2. Attempts to improve on normality It is of interest that when applied to pregnancies complicated by poor placental function, such evidence as we have suggests that abdominal decompression may be of value. However, attempts to further improve placental function in pregnancies which were essentially normal were unsuccessful. As a general principle, it would seem sensible to direct efforts towards correcting abnormalities and creating optimal conditions for normal

development, rather than attempting to improve on normal development. 3. The impact of parental expectations

The observation of differences in behavior characteristics between the two groups in the study of Liddicoate (1968) is particularly interesting. At the time of the study, there had been considerable media coverage of decompression treatment, which was believed to confer superior intelligence on the offspring. It is likely that the interaction of the parents in the decompression group with their babies would have been influenced by the belief that their children were "special," and this is the most likely explanation for the temperamental differences between the groups. There is good evidence that the caregiving environment can have a powerful effect on early childhood development (Zeskind and Ramey, 1978). Once any technique in this field is believed to be effective, no matter how erroneously, it becomes almost impossible to distinguish between the effects of the technique and those resulting from environmental differences which arise when the parents have specific expectations of their children. While such influences might in fact be favorable, there is the risk that unrealistically high parental expectations may in the long term be harmful. This is perhaps the most worrying of the possible consequences of the proliferation of techniques aimed to promote exceptional fetal development.

CONCLUSIONS The field of prenatal psychology and education is an exciting one, but one which is still in its infancy. It is important that the complexity of the subject should not be underestimated; that any new technique should be carefully researched, and not recommended for general use before there is good evidence that it is effective and more likely to do good than harm; and that particular care should be taken to avoid creating in parents expectations of their children which are unrealistic.

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The Influence of Maternal Emotions During Pregnancy on Fetal and Neonatal Behavior

Author: Bergh, B R H Van den, PhD

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Full Text: Headnote ABSTRACT: The following problems are the leading questions of our research project: (1) Can the influence of maternal emotions upon fetal behavior be established in the prenatal period, using real-time ultrasound echography and cardiography? (2) Is the prenatal influence, established in the prenatal period, reflected in the neonatal behavior? And can we find significant correlations between maternal emotions during pregnancy on the one hand and neonatal and infant behavior-e.g. neonatal neurological state and behavioral states organization, feeding behavior, mother-infant-interaction, infant temperament-on the other hand? Results are as follows: (1) A longitudinal study of 30 women out of a larger group of 70 nulliparous women revealed that maternal state anxiety during echographic recording (120') was significantly correlated with fetal behavior. Moreover it was found that fetal behavior was sensitive to the influence of maternal chronic anxiety (trait anxiety) during pregnancy. (2) Results on the subgroup of 30 women and their babies seem to suggest a certain degree of continuity between fetal and neonatal movement patterns and further indicate that the prenatal influence is reflected in neonatal behavior. Analysis of the follow-up data (n = 70) revealed other effects of maternal emotions (studied during each pregnancy trimester and at the 1st, the 10th and the 28th week after birth) on infant behavior (observed at the 1st, the 10th and the 28th week). It has been suggested that maternal stress and emotions during pregnancy may affect fetal and neonatal behavior and development. This hypothesis has become the subject of scientific inquiry during the last decades (Carlson & LaBarba, 1979; Istvan, 1986; Van den Bergh, 1983,1988), but interest in this topic already had a long history by that time. Regarding the effect of maternal emotions on fetal behavior, the observation has been made (apparently for the first time in 1867 by Whitehead) that mothers under severe emotional stress tend to have hyperactive fetuses

(Ferreira, 1965; McDonald, 1968; Montagu, 1962; Wolkind, 1981). Sontag (1941) reported similar observations in eight cases in 1941. Other case reports showed that when the mother is anxious (Copher & Huber, 1967) or emotionally upset (Eskes, 1985) the fetus shows tachycardia. In 1980, during an earthquake in southern Italy, Ianniruberto and Tajani had the opportunity to examine 28 panic-stricken women (18-36 weeks pregnant) with ultrasonography. All fetuses showed intense hyperkinesia which lasted from two to eight hours and their movements were numerous, disordered and vigorous. Zimmer et al. (1982) concluded from their study that far less intense maternal emotional conditions (e.g. listening to music) also can affect fetal behavior. Field et al. (1985) compared a group of women who received video and verbal feedback during ultrasound examination to a no-feedback group. They concluded that the feedback appeared to reduce pregnancy anxiety and fetal activity. We have been unable to find controlled studies on the effect of maternal emotions on fetal behavior, in which fetal behavior was observed in a direct and standardized way and for a sufficiently long period. With regard to the influence of maternal emotions during pregnancy on neonatal (and postnatal) behavior, Sontag (1941, 1966) observed that infants of emotionally disturbed women tend to have high activity levels following birth. These infants have also been characterized as irritable, poor sleepers and prone to gastrointestinal difficulties (Dodge, 1972; Ferreira, 1960; Turner, 1956 and see Carlson & LaBarba, 1979). Ottinger and Simmons (1964) reported that two to four days postpartum, infants of high anxious pregnant women cried significantly more than infants of low anxious pregnant women. Farber et al. (1981) observed that such babies showed a deviant behavior on the Brazelton Neonatal Behaviour Assessment Scale. According to Vaughn et al. (1987) these babies are perceived by their parents as having a difficult temperament. Davids et al. (1963) found that compared to infants of low anxious pregnant women, infants of high anxious pregnant women scored significantly lower on the Mental Scale of the Bayley Scales of Infant Development. They also scored lower on the Motor scale, though this difference was only marginally significant. We studied the effect of maternal emotions during pregnancy and investigated the following two questions: (1) Can the influence of maternal emotions upon fetal behavior be established in the prenatal period, using real-time ultrasound echography and cardiography? (2) Is the prenatal influence, established in the prenatal period, reflected in the neonatal behavior? And can we find significant correlations between maternal emotions during pregnancy on the one hand and neonatal and infant behavior-e.g. neonatal neurological state and behavioral state organization, feeding behavior, mother-infant interaction, infant temperament-on the other hand? With regard to the first question, a controlled study on ten healthy near term pregnant women (Van den Bergh et al., 1989) revealed that acute emotions, induced by showing a film of normal delivery had no effect on fetal behavioral state organization nor on fetal motor activity. However, a significant correlation ($p < .01$) was found between situational anxiety (mean state anxiety), which occurs in women during echographic recording (1200, and mean motor activity level of the fetus. A second study has been conducted to corroborate this significant correlation on a larger sample and to study the influence of more chronic emotions during pregnancy on fetal behavior. This study was part of a larger, longitudinal study in which we also tried to answer the second question. In this paper we shall briefly introduce the longitudinal study. Our attention will mainly be directed to the presentation of the results obtained on the subsample within this larger study on which the influence of maternal emotions during pregnancy on fetal (Question 1) and neonatal (Question 2) behavior has been studied. Some other results of the follow-up will also be presented. Method The longitudinal study was conducted on 70 healthy nulliparae, 18 to 30 years old and with varying levels of anxiety. Their emotions were studied during each pregnancy trimester and in the 1st, 10th and 28th week after birth, using psychological tests. The State Trait Anxiety Inventory (STAI, Spielberger et al., 1970) was taken on each occasion. This standardized questionnaire differentiates between an anxiety state (that reflects current tension or apprehension and is fluctuating) and an anxiety trait (of a characterological nature, a disposition, anxiety proneness). During pregnancy other tests included the Pregnancy Anxiety Scale (Shaefer & Manheimer, 1960; Taylor, 1980), the Pregnancy Symptom Checklist (Fagley, 1982; Kumar et al., 1984), the Maternal-Fetal Attachment Scale (Cranley, 1981), a Life Event Scale

(Barnett et al., 1983; Chalmers, 1981), a Social Support Questionnaire (Norbeck et al., 1981, 1983), a Copinglist (Schreurs et al., 1984) and a Personality Questionnaire (Wilde, 1970) (see Van den Bergh, 1988.) After birth, the women answered questionnaires regarding the birth experience (Keller, 1985) and the behaviour (feeding, sleep . . .) of the neonatus (Broussard, 1979; Daniels et al., 1984). In the 10th week after birth women filled out the Carey and McDevitt questionnaire regarding their baby's temperament (Carey, 1970). The same questionnaire was readministered to the mothers at 28 weeks after birth. They also completed another temperament questionnaire (Bates et al., 1979) and indicated the problems they had experienced with their seven month old baby. In the 1st and 28th week after birth the baby's were studied with the use of standardized observation tests (the neonatal neurological examination introduced by Prechtl (1977) and the Bayley Scales of Infant Development (Bayley, 1969) respectively. In the 1st and 10th week after birth, feeding behavior (Daniels & Casaer, 1985) and motherchild interaction were observed during feeding, using the AMIS (Assessment of Mother-Infant Sensitivity; Price, 1982). Obstetrical data were also gathered and Prechtl's optimality score (Prechtl, 1967, 1980; Michaelis et al., 1979) was used in the analysis of these data. The data obtained at the different measurements points were reduced with factor-analysis and component-analysis. The associations between these newly created data sets were then explored using canonical correlation techniques and Pearson correlations. Fetal observations were carried out on a subgroup of 30 women with uneventful pregnancies and subsequent deliveries. Fetal behavior (general movements, eye, head, mouth, breathing and limb movements) was continuously observed in a standardized way (see de Vries et al., 1982) during a 2 hr period (16 to 18 hr) using two ultrasound units (Toshiba SAL 50A and SAL 10A). One real-time B-scanner was placed on the fetal face in a parasagittal position; the other was used to visualize the body movements. Both images were videotaped. Data on occurrence and duration of all the movements were encoded (online or offline) with the use of event markers and were stored on a personal computer (Apple IIe) for statistical analysis. Fetal HR was recorded using a HP 8040 cardiocograph. Immediately before and after these recordings, carried out at 36-37 weeks of pregnancy, the women also completed the State Anxiety Scale (Spielberger et al., 1970). On the 5th or 6th day after birth a comparable 2 hr observation of neonatal behavior was carried out and analyzed, using the same software specifically designed for this study. Both fetal and neonatal behavior were operationalized as behavioral state organization and as motor activity. Put bluntly, states refer to different patterns of rest and activity. Although behavioral states have an important meaning for the assessment of the maturation and integration of the nervous system, they were used just as a measure of behavior in this study. "State is a centrally coordinated mode of neural activity which expresses itself in a variety of variables. These variables changes their properties simultaneously at the onset and end of a particular state epoch. These epochs are by definition stable. Their arbitrarily chosen minimum length is 3 min" (Nijhuis et al., 1982, p. 194). Behavioral states can be described using a simple vector classification system (see Tables 1 and 2). In the neonatus five states are distinguished (State 1 to State 5). The four states of the fetus are called State 1F to State 4F. In the normal human fetus definite behavioral states are present at a postmenstrual age of 36-38 weeks. Before this time state variables accidentally can occur simultaneously. Periods during which this happens are called "periods of co-occurrence 1F to 4F". These periods resemble states but lack the synchronized onset and end. They are frequently shorter than the minimum duration of states (Nijhuis et al., 1982, p. 194).

Table 1
Vector Classification of Behavioral States in the Neonatus
(Prechtl & O'Brien, 1982)

<i>States</i>	<i>State Variables</i>			
	<i>Eyes</i> <i>open</i>	<i>Respiration</i> <i>regular</i>	<i>Gross</i> <i>movements</i>	<i>Vocalization</i>
State 1	-1	+1	-1	-1
State 2	-1	-1	0	-1
State 3	+1	+1	-1	-1
State 4	+1	-1	+1	-1
State 5	0	-1	+1	+1

Signs: + = true; -1 = false; 0 = true or false.

Table 2
Fetal State Criteria Represented as Vectors (Nijhuis et al., 1982)

<i>States pattern</i>	<i>State Variables</i>		
	<i>Body movements</i>	<i>Eye movements</i>	<i>Heart rate</i>
State 1	incidental	absent	A
State 2	periodic	present	B
State 3	absent	present	C
State 4	continuous	present	D

Heart rate pattern (HRP) A = stable with a small oscillation bandwidth; HRP B = a wider oscillation bandwidth than HRP A and frequent accelerations during movements; HRP C = stable but with a wider oscillation bandwidth than HRP A and no accelerations; HRP D = unstable with large and long-lasting accelerations frequently fused into a sustained tachycardia.

In our study behavioral state organization was expressed as (1) percentage of observation time for Coincidence IF through 4F (fetus) and State 1 through 5 (neonatus) and (2) mean duration of enclosed epochs of these coincidences and states. Both fetal and neonatal motor activity were operationalized (1) as the percentage of time that general movements are present and (2) as the percentage of time that head movements are present and (3) as mean duration of general movements. Each of these indices of motor activity were expressed as a function of the entire recording period (total motor activity) as well as a function of each of the four types of coincidence (state dependent motor activity). RESULTS To answer the first question, the maternal state anxiety scores (obtained before the fetal recordings (acute, situational anxiety) and the trait anxiety scores (one for each pregnancy trimester; chronic anxiety) were correlated with the fetal behavioral measures. Significant Pearson correlations are presented in Table 3. Positive significant correlations between maternal state anxiety and fetal motor activity were obtained ($r = .37$ to $.67$, $p < .05$ to $.001$), corroborating the results of the first study (Van den Bergh et al., 1989). Additionally, significant correlations were found (1) between maternal state anxiety and fetal behavioral state organization ($r = .38$, $p < .05$), (2) between maternal trait anxiety and fetal motor activity ($r = .31$ to $.51$, $p < .05$ to $.01$) and (3) between maternal trait anxiety and fetal behavioral state organization ($r = -.30$ to $.49$, $p < .05$ to $.01$). These correlations indicate that fetuses of high anxious women show higher levels of activity than fetuses of low anxious women. To answer the second question (reflection of the prenatal influence in neonatal behavior), comparable measures of fetal and neonatal behavior relating to behavioral states and motor activity, were correlated. Significant results are presented in Table 4. The finding that fetal head movements (rather than general movements) are correlated with neonatal head and general movements (Table 4 below) is the most consistent result across different states.

Table 3
Overview of Significant Pearson Correlations
with Regard to Question 1

	<i>State Anxiety^a</i> <i>(before recording)</i>	<i>Trait Anxiety^b</i> <i>(1st, 2nd, 3rd pregn. trim)</i>		
Fetal behavioral states				
1. % of periods 4F	.38*	.44**	.49**	.39*
2. mean enclosed ep1F		-.41*	-.47**	-.30*
Fetal motor activity				
1. % of general movements:				
–during entire recording	.38*		.33*	
–during periods 4F	.47**	.45**	.44*	.38*
2. % of head movements:				
–during entire recording		.35*	.35*	.31*
–during periods 4F	.67***	.51**	.38*	.49**
3. mean duration of GM:				
–during entire recording	.45**	.44**	.47**	.35*
–during periods of 2F	.43**	.36**	.37*	
–during periods of 4F	.37*	.34*	.48**	.33*

^a*n* = 28, ^b*n* = 26 to 28
p* < .05. *p* < .01.0. ****p* < .001.

Different Linear Structural Relations (LISREL; Jöreskog & Sörbom, 1981) models on the combined effects of maternal anxiety and fetal behavior on neonatal behavior were tested. The models in which maternal anxiety had only an indirect effect on neonatal behavior (namely by modifying fetal behavior; see Figure 1) produced the best fit to the data. In general, the results with regard to our two questions were corroborated by the LISREL models. The results of the follow-up study we present here are mainly based on the Pearson correlations calculated between the maternal state and trait anxiety scores obtained for each pregnancy trimester and the different measures of neonatal and postnatal behavior. Compared to infants of low-anxious women, infants of high anxious women cried more ($r_{70} = .29, p < .05$) and changed more frequently from one behavioral state to another ($r_{70}^{\wedge} = .39, p < .005$) in the neonatal period. At ten weeks these infants were more frequently diagnosed as infants with a difficult temperament ($r_{59}^{\wedge} = -.35, p < .01$). Seven months after birth high anxious women more frequently indicated the following behaviors of their children as being a problem for them: being too active ($r_{56}^{\wedge} = .39, p < .005$), being hungry ($r_{60}^{\wedge} = .31, p < .05$). They perceived their infants as infants having a difficult temperament ($r_{59}^{\wedge} = .45, p < .001$). Infants of high anxious and low anxious women obtained comparable scores for the neurological examination, the feeding observation behavior, and the Bayley Scales of Infant Development.

Table 4
Overview of Significant Pearson Correlations
with Regard to Question 2^a

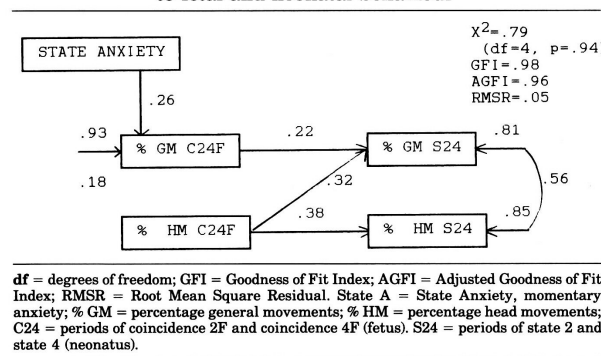
	Behavioral States			
	1 & 1F	2 & 2F	4 & 4F	Total
Behavioral states				
1. mean encl. epoch	.47*			
Motor activity				
1. % of GM	.34*		.33*	
2. % of HM		.56**	.49**	.53**
3. mean durat. GM			.67***	
4. % GM(f) & %HM(n)			.43*	
5. % HM(f) & %GM(n)		.41*	.40*	.51**

Note. Significant correlations between corresponding measures of fetal and neonatal behavior are given first; cross-correlations between fetal (f) and neonatal (n) measures of general movements (GM) and head movements (HM) follow (motor activity 4 and 5.)

^an = 27.

*p < .05. **p < .01. ***p < .001.

Figure 1
LISREL model relating state anxiety in pregnancy
to fetal and neonatal behaviour



DISCUSSION AND CONCLUSION With regard to Question 1, it may be concluded from our results that the influence of maternal emotions has been established in the prenatal period. Maternal emotions have a small but significant effect on occurrence and duration of fetal motor activity. Fetuses of high anxious women tend to be more active than fetuses of low anxious women. This relationship could be established using both acute situational anxiety and more chronic anxiety as indices of the mother's emotional state. Regarding Question 2 we can say that the prenatal influence is reflected in neonatal behavior. Indeed our data seem to suggest a certain degree of continuity between fetal and neonatal behavior. Active fetuses tend to have a high activity level after birth. We can also conclude that maternal emotions during pregnancy are correlated with neonatal and infant behavior. These correlations indicate that children of high anxious pregnant women have gastrointestinal problems, cry frequently and are perceived as having a difficult temperament. They do not however have a deviant score on the neurological examination, on standardized observations of a feeding situation and on the Bayley Scales of Infant Development. Our results should be interpreted with caution. Although the correlations are significant, they are small and much of the variance remains unexplained. A clear explanation of the findings and the underlying mechanisms is (still) lacking. We presume that the influence of maternal emotions on fetal behavior is mediated by hormonal factors, but the exact physiological background is unclear. The findings on neonatal and postnatal behavior can be explained in different ways. One explanation holds that these behaviors are the reflection of the prenatal influence of maternal anxiety during pregnancy. A second interpretation could be that anxious women have more pregnancy and delivery complications and that these have an adverse effect on the infant's behavior. A third possibility could be that anxious women have a negative perception of their child. Fourthly we could say that women who are anxious during pregnancy remain anxious after pregnancy and that their postnatal anxiety influences the behavior of the child. A fifth factor can be heredity. On the basis of our data we cannot test the plausibility of these different interpretations. Most probably

they are all at play. References

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Some Thoughts on the Cross-Cultural Study of Maternal Warmth and Detachment

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Full Text: Headnote ABSTRACT: A number of studies have suggested that maternal detachment is common in tropical societies which suffer from high infant mortality. The author's own research revealed evidence of both detachment and positive affect. She suggests that maternal behavior in all societies can be best characterized as exhibiting maternal ambivalence. In order to pursue this thesis, the paper conducts a very brief survey of a) maternity as presented in mythology, folk tales, and rituals, b) cases of direct and indirect infanticide, and c) examples of mother infant relationships in the cross-cultural literature. John Bowlby hypothesized that there is a universal and instinctive mother-infant bond among humans (quoted in Ainsworth 1967). Inspired by Bowlby, Mary Ainsworth conducted scheduled interviews and observation sessions with mothers of infants among the BuGanda of Uganda. Although she found secure mother-infant bonds in most cases, she found that kissing and cooing to infants occurred rarely and she only observed few instances of face to face mother infant interaction (1967). Using Ainsworth's data as well as his own, Robert LeVine (sometimes with Sarah LeVine) apparently sought to segregate two aspects of the mother-infant bond-one which involved the mother's concern with the physical survival of her infant and one which involved maternal warmth and/or concern with the emotional well being of her child. "In my own African experience and in the accounts of others from tropical places as diverse as Latin America and Indonesia, there is a general picture of infant care that emerges . . . (1977:23). Western observers, scientists, and amateurs alike, have tended to conceptualize this pattern as indulgence because of the demand feeding, the rapidity of response to crying, the absence of pressure for toilet training, the apparent quiescent contentment of the infants, the inference that the infant's "needs" are being taken care of. But the term indulgence as a folk expression in English also connotes an emotional attitude involving "affection," "warmth," and related attributes on the part of the caretaker, whereas the overt (my emphasis) behaviors

indicating such an attitude are frequently minimal in the non-Western populations being observed (1977:23). In another publication, based on their own observations among the Gusii of Kenya, Ainsworth's study of the BuGanda, and other reports in the literature, the LeVines concluded that an emotionally detached mothering typified agricultural cultures of subsaharan Africa (LeVine and LeVine 1981). As LeVine suggested, there are many scattered reports in the literature of similarly "aloof mothers in other areas of the world, e.g. among the Mundurucu of Brazil (Murphy and Murphy 1985), shantytown Brazilians (Scheper-Hughes 1985), mothers of India (Seymour 1983, Minturn and Lambert 1964, cf. Rohner and Chaki-sicar 1983). In fact Robert LeVine went so far as to suggest that maternal aloofness is a typical pattern in agricultural societies of the tropics (1981). Such a pattern of maternal aloofness develops, according to LeVine, where infant mortality is high. In response to high death rates, mothers are more concerned to protect their infants against threats to their physical survival than meeting emotional needs. Furthermore, to protect themselves from the pain of coping with infant deaths, mothers develop an emotional detachment from their infants (LeVine 1981). Thus in the process of protecting both the survival of the infant and the psyche of the mother, maternal warmth is abandoned or reduced. However, some researchers, such as Kilbride and Kilbride (1981) and Harkness and Super (1980), report evidence of strong maternal affect in African societies. In my own observations of mother-infant dyads in southern Iran and Bali, I found evidence of both positive and negative affect, of both close bonding and distancing. These observations as well as my reading of the cross-cultural literature, has led me to conclude that the nature of mother-infant relationships, in the Third world and the Western world as well (although varying cross-culturally), is characterized less by maternal detachment than by ambivalence (see Kestenberg, Kestenberg, and Amighi 1988). It is the purpose of this paper to begin an investigation of this thesis. As the title of this paper suggests, I will not offer a rigorous examination of the cross-cultural data. First of all, data on motherhood crossculturally is limited. Cross-cultural psychologists and psychologically oriented anthropologists have studied child rearing practices primarily for their effect on the child, rather than focusing on the mother as a topic of investigation herself (e.g. Minturn and Lambert 1964). Those who have studied the lives of women in other cultures have focused primarily on women's roles outside the domestic sphere, women as agricultural workers, women as traders, curers, rebels, etc. Although it would be worthwhile to investigate maternal affect in specific culture areas, given the limitations of the data, and my own inclinations, I have chosen to conduct a broad and necessarily cursory survey of maternal affect as reflected in: 1) folk tales, mythology and ritual, 2) cases of indirect and direct infanticide, and 3) studies of mother-infant relationships.

MOTHERS IN MYTHOLOGY, FOLKTALES, AND RITUAL

Given the difficulty of evaluating maternal affect as evidenced by disagreements in the literature, it might be useful to consider how cultures view maternal affect in the symbolic realm. Are mothers depicted in folk tales and mythology as loving and devoted, or cruel and heartless? Using folk songs of Andalusia, Gilmore demonstrates the ambivalent attitudes toward women in the culture (1988). He suggests that these attitudes derive from the young man's ambivalence towards his mother, the mother who has nurtured him and protected him and the mother who weans him and abandons him. Several European folk tales echo this theme. In "Cinderella," "Snow White," and "Hansel and Gretel," we find this common opposition of the good and the bad mother, often represented as two distinct personalities. Often, the kind gentle mother dies, abandoning her daughter (or daughter and son) to suffer under the hand of the cruel stepmother. It is interesting to note that the good mother is generally the mother of the hero or heroine in infancy, while the cruel stepmother is the mother of the adolescent. Often a fairy godmother appears whom we can see as either the symbol of the good mother who died and now returns, or as a grandmother or stranger who saves the adolescent. Although these stories focus on the heroine and her feelings of ambivalence towards her mother, as Zipes pointed out, they may also express the jealousy of the aging mother faced with her young and attractive daughter (1988). Outside of the European culture areas, the good mother- bad mother opposition is rarely found. There is a tale told among the Chaga of Kenya (Parrinder 1967) that roughly parallels this theme, but by and large non-European tales focus on other topics and leave motherhood unscathed. Motherhood is more

often depicted in cross-cultural mythology, particularly in myths of creation. Great Earth Mother Goddesses have existed in almost all cultures. Before Allah in the Middle East was the goddess Allat, and portrayed in the Gilgamesh legends, the goddess Istar: in India there was Kali Maya: in Egypt the Earth Mother, Nut and her daughter Isis, mother of the heavens; in Japan the Sun Goddess Amma-lorasus et. al. These are goddesses of fertility and procreation, but they are also often responsible for death. The goddess Alal of the Ibo of Nigeria is both protector of the harvest and fertility and queen of the underworld. She is depicted with a child on her knee and a sword in her hand. The Mossi of Upper Volta use the same mask of an earth goddess at funerals and to protect their harvest (Parrinder 1967). There are many myths in which the good mother goddess creates life, and then turns evil and tries to destroy it, e.g. the story of Tlamat of Babylonia or the daughter of Re in Egypt (Colum 1930). The good mother and the evil mother of European folktales are often seen to coexist in one unpredictable goddess of birth and death in mythologies throughout much of the world. Any ambivalence that people of a given culture may feel towards mothers will generally be reflected in the mythology and rituals concerned with the blood of child birth and menstruation. The blood of the woman, (like woman herself), is commonly seen as both a source of danger and a blessing. Menstrual blood can have sacred healing qualities (Walker 1987). The first menstruation is often celebrated as the coming of age of a young girl. However, women who have post partum bleeding or are menstruating are often secluded in huts, or tabooed from touching certain foods or entering sacred places. Their look or their touch was and is widely seen to endanger the lives of men. Yet, women are often told that they are segregated because they have been weakened by child birth or menstruation-segregation is thus both for the health of the woman, so she can be a good mother, and to protect society from the dangerous mother. In European culture, it was believed that menstruating women could cause meat to go bad, wine to turn, and bread dough to fall (Martin 1987). Among both the Chaco and the Yanomomo of South America, myths tell of the death of mankind, people sinking into the earth or drowning in floods when a menstruating girl broke the taboo and came out of her hut and was seen by men (Lizot 1985, Osborne 1968). Blood, both the symbol of life and the symbol of death, is often a primary aspect of womanhood. Clearly as Campbell has suggested, those who can give life, are seen as also able to take life away (1988). It is not only the destructive side of mother which must be feared. Mother love can also be threatening. In American as well as Persian culture, mothers often say, "I love you so much I could eat you up." (In Persian, "Let me eat you," Bokhoramet) is an expression of love. In a Persian creation myth, the first woman and man love their children so much they eat them. Again they bear children and eat them. God, seeing this unseemly beginning of humankind, finds it necessary to reduce parental love for children by 4/5 so that they can survive (Hinnells 1985). Stories of maternal or parental abandonment of children are very common and found in many cultures. They may express parental ambivalence towards children. When told to children, they also serve as a warning to children concerning parental ambivalence. It is interesting that the parent is rarely portrayed as unequivocally evil, rather the abandonment is usually given a justification based on either problems of starvation or direct threats of the child against the parent. In other words, we are abandoning you, but with good reason. In the various Oedipus tales, it is foretold that the child will kill or replace the parent. In the Old Testament, infants are abandoned when their mothers have no food to offer them. Food is often a central issue. A Central Eskimo myth tells of a child who was abandoned after she seized upon the limbs of her parents to eat them. Instead they cut her up and put her in the ocean to become fish. In other words rather than eat them out of house and home (and limb) she herself was turned into food. In New Zealand and Hawaii, it is told that when the mother goddess bore her fifth son, she saw that there wasn't enough food for him so she tied her hair around him and gave him to the waves. The god of the sea saved him. His mother wasn't forgiven however, for when the boy grew up, he set out to pluck out the heart of the Goblin goddess, his ancestress (symbol of his mother?). In other words, (as in the Oedipus tales) retribution was taken against the abandoning father or mother, albeit indirectly. In conclusion, although we can find myths which tell only of a mother's love for her children, the preponderance of myths and tales depict an ambivalent maternal love, sometimes comforting, sometimes frightening-mother as

both savior and destroyer. They seem to reflect the perspective of the grown up child viewing motherhood. Of the fears and feelings of the mother herself, myths tell us little, leaving us to speculate whether the characterization of ambivalent motherhood in mythology reflects the emotions experienced by mothers themselves. It seems likely that the repetition of these myths by mothers and fathers to children are an expression of their ambivalence. However, we now turn to from the symbolic realm to the apparently more concrete realm of behavior. CHILD NEGLECT AND INFANTICIDE Maternal infanticide, rare in nonhuman species, (who are only fertile during certain periods) is quite common among humans (who are fertile year round and must use cultural means of population control). In fact, infanticide has probably been practiced in all culture areas at some point in their history (Devereaux 1967). In an introduction to a collection of articles on infanticide, Hausfater and Hrdy (1981) describe the recurring conditions under which infanticide often takes place. Infants are abandoned or killed when raising them would entail: 1) a risk to the well being of a sibling (as in birth spacing), 2) expenditure of resources on an infant unlikely to survive, or 3) "undue" burden on the rest of the family such as the case of female infanticide where dowry payments are high or resources low. It can be inferred that women are often involved in the abandonment or killing of the baby since most cultures forbid male presence during childbirth. But what are the feelings and attitudes of mothers who kill or abandon their babies? Are their actions undeterred by emotions or bonding? Ethnographies tell us little, perhaps because such data are difficult to obtain. We might hypothesize that the infanticidal mother is expressing resentment against the new infant who is adding to her burdens or that an emotional detachment is evoked to permit her to abandon or kill her infant. Johnson described cases of native South American mothers who committed infanticide after a difficult birth or difficult pregnancy (1981). We also know that maternal detachment is sometimes facilitated by definition of an infant as nonhuman before a certain event takes place, such as the naming ceremony, the first birth cry, or breast feeding, depending on the culture. However, such data is balanced by reports of mothers deploring the necessity to kill closely spaced infants, as among the !Kung (Shostak 1981) or the joy of an Inuit Eskimo explaining that due to a mild winter they had enough food and would not have to abandon their new daughter (Condon 1987). It is also significant that infanticide is not generally correlated with child abuse. In fact, in Korbin's book on child abuse from a cross cultural perspective, most authors describe the absence of idiosyncratic abuse in pre-western contact conditions even where infanticide was generally practiced (1981). It is difficult to reach any conclusion because the data are so scanty. Even novels by natives, such as the books by Achebe describe maternal pain on the death of an infant, but do not describe feelings associated with "throwing twins into the forest" (e.g. 1959).¹ We have a little more data on maternal attitudes in the cases of indirect infanticide or selective neglect. Nancy Scheper-Hughes offers some insight in her study of shantytown Brazilian mothers (1985). The group she studied had high rates of infant mortality which ScheperHughes attributed to conditions of poverty which in turn she suggested has caused maternal underinvestment. These Brazilian mothers nursed their infants for only a few months, rarely sought medical attention for failing infants and gave up on an infant which they deemed "doomed to die." Other authors describe similar situations among native South Americans (Johnson 1981), Australian Aborigines (Cowlshaw 1978) and Filipinos (Fernandez and Guthrie 1984). Dole describes an Amahuaca mother in Peru dealing with an infant who looked unlikely to survive. The mother ". . . frequently ignored its crying or shoved it impatiently away from her breast (Dole 1974:31 quoted in Johnson 1981:64). How do these underinvesting mothers feel and how do they behave in less stressed circumstances? Scheper-Hughes interviewed mothers who, malnourished themselves, complained that they were physically drained by nursing, that the infants were sucking out their life blood. Yet, they expressed pity rather than anger for the dying infant whom they did not feel it was possible to save. Their responses to the infants do not seem to reflect detachment, but rather a combined wish to mother with a wish to personally survive. Maternal investment in children who do survive and the children's view of motherhood is expressed in a moving story related by ScheperHughes. In order to save a dying infant, who was neglected by its mother, Scheper-Hughes took it under her care and gave it food and medical attention. Before leaving Brazil

she gave the fairly healthy infant back to his mother who raised him. Years later when ScheperHughes returned to her research site, she interviewed the now grown up young man whom she had rescued. Treating him the same as other interviewees, she asked him who was the most important person in his life. He easily responded that it was his mother who was always there to comfort and support him. This case is remarkably parallel to the biblical myths which describe maternal abandonment, miraculous intervention and maternal renewal. Although the young man's response may have been shaped by a Brazilian ideology of self-sacrificing mothers more than his own experiences, this example and others similar to it, (e.g. Johnson 1981) force us to recognize a more complex picture of motherhood and maternal bonding than the data first suggested. In short we do not find a simple presence of or absence of bonding. A woman who abandons one baby, may lovingly raise another. An infant who is abandoned may be readmitted into the family. There is no easy dichotomy of "cruel stepmother" and "kindly" mother. Rather we see mothers trying to cope with the conflict between raising a child with all the burdens and joys it brings, and abandoning it, preserving resources for herself or her family.

MOTHER-INFANT BONDING AND RELATIONSHIPS There are more data available on the nature of mother-infant relationships in less dramatic circumstances. However, where there are more data, there is also more disagreement. In regards to both African and Asian Indian cultures, quiet controversies have already developed on the evaluation of maternity (Kilbride and Kilbride 1983, Harkness and Super 1980 versus LeVine 1981; and Rohner and Chaki Sircar 1983 versus Seymour 1983). In order to address the disagreements, we can focus on two questions: 1) what is the nature of motherchild relationship (from the child's perspective, the mother's perspective and behaviorally) and 2) how do we measure the relationships? The methodological question is the one which must be dealt with first. Are the discrepancies in the cross-cultural literature based on a) differences in the nature of maternal affect cross culturally or b) on differences in measurement of affect? Landy (1959) in a statement similar to that of LeVine (1981) suggests that what has passed for indulgence is often really casualness based on maternal indifference. In his study of child rearing in Puerto Rico, he quotes a mother as saying, "I am a woman who works much and I hardly have time for . . . entertaining myself with my children (1959:99). Yet his following description is a bevy of somewhat contradictory valuations of maternal nurturance. For example, he says that most mothers are responsive to their infants' crying, however, the responsiveness may be due to fears that crying will make the child sick. Then he says that "... considering their endless round of onerous and time-consuming tasks, these mothers give a fair amount of time to their infants . . . though it is often a most cursory kind of attendance. However, a good deal of affection takes place . . . but since this is traditional it is not surprising... . These mothers are fairly warm towards their infants, though not excessively so." (Landy 1959:101). These ambivalent descriptions continue on. Such data are difficult to evaluate. However, if we seek more methodologically rigorous studies, we find that as reliability goes up, validity does not necessarily do so. Ainsworth's (1967) study of Ugandan infants was described in the beginning of this paper. Although she found low levels of eye contact, nuzzling, or cuddling between mother and infant, she made observations only during formally scheduled interviews in which mothers were probably preoccupied more with the interview than with their infant. We may question even more seriously the validity of the data of those psychologists studying mother-infant bonding cross-culturally who attempt to create laboratory conditions in the field. For example, Dixon et. al. isolated a mother and infant, putting the infant in an unfamiliar infant seat and asked the mother to get her infant's attention for thirty minutes. Then the thirty minutes of mother-infant interaction were videoed and scored for number of predetermined types of interaction (1981). Not only do we need more naturalistic studies which nevertheless incorporate some methodological rigor, but we also need a reconsideration of variables to be studied. Investigators have focused on motherinfant eye contact because eye contact is an important method of communication in our culture and has been emphasized by such psychologists as Daniel Stern as a fundamental factor in mother-infant bonding. Kissing and cuddling are often selected as behavioral units because they are deemed as indicators of affection in our culture. Few investigators attempt to discover empirically defined measures of affect within a studied culture. In addition to cultural biases, we also suffer from

methodological biases. We prefer to use predetermined behavioral units which are easily countable. Yet to what extent are we measuring affect when we count how many times per hour a mother touches or looks at her child? Does our focus on sampling methods lead to an underestimate of types of mother-child interaction which do not occur in regularly spaced units of behavior? Don't we neglect quality time as simply mother and infant falling asleep together? Alternative modes of mother-infant communication and expression of affect should be considered. Lewis and Ban (1977) in addition to time sampling of the usual six behaviors (hold, look, touch, smile, play, vocalize) studied mother-infant interaction. They counted how often a mother responded to an infant's behavior (smile, vocalization) with some gesture or look, and how often an infant responded to a mother. Although they found considerable frequency differences in behaviors between Zambian, Dutch, Senegalese, American, and Yugoslavian mothers, they found a similar pattern of interaction across these cultures. They wonder whether more similarities would not be found if more "proper" (p. 353) variables were used, (see also Fajardo and Freeman (1981) study of rhythmicity in mother-infant interaction). If we agree that we must broaden our range of behaviors studied in order to avoid ethnocentric measures (as well as judgments), in what direction should we go? I think the answer is offered to us in the findings of several studies that technological societies focus on distal forms of communication between mother and infant, such as looking, smiling, and vocalizing, while nontechnological societies focus on proximal modes such as holding, touching, and stroking (Brazelton 1977, Goldberg 1977, et. al. though cf. Kohner's study of the !Kung 1977). Because of our own familiarity with distal forms of communication we have neglected communications which occur in the holding, touching, feeling kinesthetic sphere and do not apply the appropriate measures of such types of communication. The awareness of the significance of nonverbal communication is growing much faster than our methods for measuring it. Its importance is signified not only in reports of high degree of holding in nontechnological societies (and a need to understand the affects involved), but also in reports such as the one of an Inuit (Eskimo) boy that although he never shared his fears and hopes with his parents, never discussed with them his life and what he would become, he communicated with them in other ways. Working together, sharing the same room, they developed a sense of each other and belonging that was never communicated verbally (Condon 1987). It is difficult to redefine affect in a less culture bound way. Our culture influences both the way in which mother-infant bonding takes place as well as the way we perceive it taking place. Since American mothers have relatively low amounts of physical contact with their infants, it is likely that we will be more aware of and focus more on distal forms of interrelating, rather than kinesthetic ones. Furthermore, our evaluation of kinesthetic relationships is often culture bound. When I showed a film of Ibo mothers of Nigeria bathing infants to an audience of movement therapists in the United States, they almost uniformly judged the mothers low on affect because they handled the young infants without giving any head support and with seeming unconcern for the infant's "obvious" distress (being in almost continual startle reflex, though not crying). However, an Ibo mother who viewed the same film said that she could not judge the mothers' affect from the film because this is how all mothers bathe babies among the Ibo. She did not judge the infants to be in distress-"They're not crying, are they?" she pointed out. It is difficult to evaluate forms of bonding and separating in other cultures. As Benedict pointed out, members of nonwestern cultures have been horrified by our abrupt separation of mothers and infants at birth and by our isolation of infants in their own beds and own rooms (1932). On the other hand, we tend to condemn the abrupt weaning practiced among such cultures as the Mundurucu of South America. Clearly we cannot discover much about mother-infant bonding and interrelationships in other cultures if we take our measures only from our own cultural repertoires. The central message of anthropology has been that we must not try to understand a behavior in isolation from its culture context. For example, as the Kilbrides pointed out, private sphere behaviors of mothers may differ considerably from their public sphere behaviors (1983). As suggested in the Whiting and Whiting Six Cultures project, behavior should be observed in its natural setting (1975). The use of multiple measures in the study of mother-infant affect may help reduce the more serious methodological problems. A quantifiable standardized method

with a low amount of cultural bias, such as the Kestenberg Movement Profile may be combined with informal interviewing of mothers and children and participation-observation techniques.² Going beyond methodological problems, what can we say about the nature of motherhood within the presently available literature? 1. We find that there is some variation in the course of development of affect. Although Bowlby has suggested the importance of the immediate post partum period for optimal bonding, (1973), it appears that bonding may begin earlier or later depending on cultural and individual circumstances. For example, in many cultures praise from kin and friends and early fetal movements may serve as early mechanisms for bonding. However in some cultures, e.g. among the Ifaluk, early fetal movements are not recognized and the first movements of the baby are taken as indications of the onset of labor (Lutz 1988). This difference in mother-fetus relations itself is an interesting topic for further investigation. In some cultures early bonding is postponed and the new infant is not accepted as human until after a specified event has taken place (as we described earlier). Among the Machiguenga of South America, the mother shows "a certain degree" (Johnson 1981:63) of indifference to the baby after birth. After the mother is attended to, then it is decided whether the baby should be raised or not. It is said that only after the mother nurses the child, which may not be until the next day, does she develop an attachment to it. A similar situation exists in several other cultures (e.g. among the Mohave Devereux 1961). The mother's own physical and emotional well-being appears to be a precondition for bonding (Brazelton 1976). Just as cultural rules may encourage a delay in bonding, they also may facilitate the development of bonding after the child is incorporated into the society. Mothers are often secluded in huts or special rooms with the new infant for a specified period. Although this is generally explained as part of menstrual taboos, it also has the effect of giving the mother undisturbed time with her new infant. This seclusion may last a few days, such as among the Mundurucu (Murphy 1985), or for extended periods, such as among the Kalapalo (Bosso 1973). However extended periods may also emphasize the burdens of child rearing. Among the Ifaluk of Micronesia, mothers often express bad feelings towards their infants during their period of seclusion. They apparently complain about not being able to tend their gardens or other chores. However, the Ifaluk do not blame the mother for her ill temperament, but rather the others who have not offered her sufficient help (Lutz 1988). 2. In ethnographies (in contrast to controlled psychological investigations) where maternal attitudes are considered, there is often indication of mixed emotions towards the role of motherhood. Like the Mundurucu (Murphy 1985), mothers of many cultures express pleasure with having children but dismay with having too many. When mothers are pulled between the needs of child care and of subsistence activities, the latter generally is given preference. For example, Nerlove has found a positive correlation cross-culturally between the early use of supplementary feeding and women's involvement in subsistence agriculture (1974). The conflict between the two important female roles, of food provider and mother can lead to use of alternate caretakers which is sometimes taken as an indication of emotional detachment, but should be seen in terms of resolving the problems of conflicting roles (a problem which rests primarily on women). Mothers are also heard to voice resentment against the physical burden of pregnancy, breast feeding, and child care as in the case of the impoverished Brazilians (Scheper-Hughes 1983). One Zoroastrian woman I interviewed in Iran remembered her first experience of motherhood as a coming of age experience. secluded in a small room with her new infant, she moaned about the cold and the pain of her breasts. "I was so young," she said, "only a child myself, what was I doing with a baby?" Her sister-in-law told her husband of her complaints and he angrily sent her the message that he would bring up the baby without her. She smiled at the memory: "Well," I asked her, "did you give him the baby?" "I was tempted," she told me. "but then my milk came in and no, I did not give up the baby. I was the one who had the milk it wanted." She had thought of abandonment, but her milk had come in-a miraculous intervention-like in the myths. When she recalled the death of her infant later, she appeared to do so without any emotion. "Weren't you upset?" I asked her. "I was too young to understand death," she answered, applying to herself a common Iranian view that children are not scarred by early trauma. In such cases it may be difficult to distinguish between feigned and real indifference, just as it is at times hard to differentiate neglect

from permissiveness. A Yanomomo mother threatened her small child who was climbing about on her in their hammock, "Be quiet or the leopard will eat you." As the author says, "She nevertheless spreads the hammock so that the child can make herself comfortable." (Lizot 1976:74). Her message to the child is an ambivalent though common one. As is frequently the case the verbal message and the kinesthetic one are in conflict. To perceive the whole message, we must be aware of both levels of communication. I began this paper with an attempt to evaluate the disagreement between the Kilbrides and the LeVines on the nature of early mother-infant relationships. It is easier to reach conclusions concerning methodological problems than to resolve the substantive issues of their dispute. The frequency of reported maternal indifference to infants, particularly in South America and in sub-Saharan Africa makes it likely that some form of maternal detachment does occur at least in some periods of early mother-infant relationship-though we must keep our methodological reservations in mind. However, case studies, such as that of Schepher-Hughes, Johnson, and my own, offer evidence of recurring ambivalence, or positive attachment counterbalanced by negative withdrawal. It seems that the ambivalent portrait of motherhood conveyed to us in mythology corresponds to the experiences of motherhood in most cultures. It is displayed not only in cases of a mother who may kill one infant and nurture another, or a mother who may neglect an infant who fails to thrive and then devote herself to another, but ambivalence is also expressed in the daily treatment of each infant who experiences the mother's approach and withdrawal in various stages of their relationship. However, a better understanding of variations in expression of affect or detachment awaits collection of data which does not exclude kinesthetic and other perhaps as yet unknown methods of mother-infant communication.

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REFERENCE NOTES

1. An unpublished interview by one of my students, with an Ibo woman however, offers considerable insight. The Ibo woman relates that when twins were born, it was (is?) customary for the mother to leave them alone in the home where they would be found and disposed of by disguised members of the community so that the mother would not know who killed her children. The mother of the interviewee, a strong Christian convert, offered to adopt these children with the mother's permission. She relates that most mothers helped her to run off with the babies before the disguised Ibo arrived. Unfortunately, like most other data the information is anecdotal and in this case third hand.
2. Many authors are aware of the problems with using predefined behavior lists. As Goldberg (1977) says there may be other ways that feelings can be expressed. Lewis and Ban (1977) point out that there can be different kinds of holding. I would like to propose the use of the Kestenberg Movement Profile, a method of movement notation and analysis which breaks up movements into fifty components and also measures the flow of tension changes in muscles. Not relying on culturally defined movements, it is relatively culture free. Since most of the movements studied are not consciously produced, it is also less troubled by observer effect. Movement profiles can be made from films of mothers and infants which provide good sampling of the movement day. Although the profile is primarily known among dance therapists, it would be a valuable addition to the anthropological tool kit.

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Womb = Woman = World: Gender and Transcendence in Tibetan Tantric Buddhism

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Full Text: Headnote ABSTRACT: The cosmologies of many cultures use gender as symbolic for polar attributes of human consciousness. The author presents a developmental neurobiological theory to account for the non-arbitrary way in which this attribution comes about, and applies the theory to an explanation of the symbolic use of gender in Tibetan tantric Buddhism. He concludes by discussing the implications of the theory for understanding the effects of positive and negative pre- and perinatal experiences upon the development of gender identity. Once I too sought expression; now I know my gods concede me only allusion or mention of a thing. Jorge Luis Borges (1961). INTRODUCTION The cosmologies and belief systems of many cultures use gender to label components of consciousness.¹ Many peoples believe, for example, that the ground of consciousness in both males and females is fundamentally feminine. This paper presents a biogenetic structural² theory explaining the relationship between early experience in the child and gender symbolism found in Tibetan cosmology and tantric meditation. The theory integrates data drawn from the neurosciences and cross-cultural research, as well as the author's direct experience as a practitioner of Tibetan tantrism.³ The theory will first be summarized and then will be discussed in depth emphasizing pre-and perinatal perception and Tibetan meditation.⁴ The paper will conclude with some implications of the theory for personality and gender identity. THE THEORY The theory is simple and straightforward. We hypothesize that there exists in most cultures a causal relationship in development between pre- and peri-natal experience in the child and the

non-arbitrary symbolic use of gender to label components of adult consciousness. Most cosmologies in some way make a fundamental distinction between those constituents of experience or reality that are considered male and those that are considered female (Neumann 1963, Eliade 1958, 1964). For example, one often hears of the "male" and "female principles" among consciousness-raising circles in our own culture. One also hears of yin (female) and yang (male) with reference to Chinese cosmology. In studying cosmology cross-culturally, the anthropologist is struck by the fact that the use of gender as symbolic of components of mind, experience or reality is regular and patterned. Rather than assigning gender arbitrarily to domains of consciousness, assignment seems to be lawful and regular cross-culturally. The non-arbitrariness of gender attribution in cosmologies derives, we will argue, from a series of universal cognitive associations that occur during pre- and peri-natal neurocognitive development. The initial association by the child is between its totality of perceptual experience while in utero ("womb") with the maternal figure with whom he/she bonds, usually the one from whose uterus he/she emerges ("woman"). There is evidence that this bonding occurs before birth, that the child recognizes (note the advised use of the term re-cognizes) its mother if a birth is natural and relatively humane (see Chamberlain 1983:17 for relevant sources; see also Brazelton and Als 1979; Liedloff 1975). It even makes sense that the essence of mother-infant bonding is precisely this equation of the lifeworld (what is termed the *lebenswelt* for many phenomenologists; see Schutz and Luckmann 1973) of the pre-natal child with the mother. Thus, when mother becomes a differentiated object, conceptually distinct from all other subjects in a heretofore conceptually undifferentiated totality of unfolding experience, then mother becomes a symbol associated with memories of the entire pre- and peri-natal lifeworld. Mother is now the one form in the world that stands for the entire world of immediate experience, and, as psychoanalytic theory has held for nearly a century, mother also becomes the first and quintessential "woman." Thus the process of development during pre- and peri-natal life naturally produces the fundamental cognitive formula: womb = woman = world. Gradually the child explores its postuterine world, a world that begins as an undifferentiated energy field simultaneously arising and passing away in consciousness, and that later begins to be cognitively fragmented into conceptually distinct objects. Still, a primacy of perception over cognitive differentiation (see Merleau-Ponty 1964) dominates the child's experience. Cognitive development emerges within the context (or ground) of an ongoing, continuous, unfolding perceptual experience (Piaget 1977). Perceptual experience (the ground) remains associated with womb = woman = world, and in time becomes both relatively unconscious with the emergence of "higher" cognitive dominance over the perceptual "ground of being" and that part of the world already associated with the feminine. The first social dyad encountered by the child, apart from his/her bonding with mother, is usually that between male and female parental figures representing as they do the primary gender role models.⁵ And as many anthropologists have shown, the basic orientation of the child vis-à-vis his/her society derives initially from role interactions in the family. At the same time as awareness of the mother/father dyad is growing, the more advanced neurocognitive functions mediated by such structures as the prefrontal lobes, inferior parietal lobe and secondary association areas, are gradually emerging. Cognitions mediated by these structures develop either in complementarity with, or in opposition to, the world of immediate experience (womb = woman = world) and become associated with "father," and by extrapolation with "male." The equation of male with the knowledge derived during conceptual development may be theoretically conceived as occurring due to recognition of simple intransitivity (lifeworld = mother, mother ≠ father, father = cogito) in a Piagetian (1980:84) frame, or due to the simple logic of metaphoric and metonymic relations (lifeworld: mother::cogito:father) in a Levi-Straussian (1968) frame. In any event, differentiation of objects and discrete events (including "self") in the world is a neurocognitive process primarily in service of adaptation to an ever unfolding-enfolding lifeworld. Hence, from an initial nonarbitrary association of lifeworld with feminine gender, the process by which cognition develops its adaptive structure becomes nonarbitrarily associated with masculine gender, in spite of the enormous cultural variation in details of gender role. The universality of this cognitive process is due to two factors: (1) the brains of all people seem to develop in a very determinate manner during pre- and peri-natal life

(see Larroche 1966) and (2) the womb for all people provides a fairly similar environment. However, this is not a simple deterministic model. It is a developmental one which expects to find variance due to environmental and genetic differences. An enormous range of factors are known to influence the development of children in utero (e.g., mother's diet, anoxia, stress, noise, etc.; see Sontag 1941, Schell 1981), and of course treatment of the neonate will vary enormously cross-culturally (e.g., Brazelton, Koslowaki and Tronick, 1977; Liedloff 1975). The best picture we have as yet of pre- and peri-natal life is one of highly structured and preprogrammed development in preparation for adaptation to extrauterine life, but a development program that is nonetheless liable to environmental influences (see Stave 1978). And, of course, development and the influence of socialization, continues after this early period.

The Primacy of Perception The basic axiom of our theory is that the pre- and peri-natal person is conscious, and that the organization of that consciousness is predominantly perceptual (at least by the beginning of the second trimester).⁶ Furthermore, the organization inherent in the neurobiology of intrauterine and neonatal perception (primary sensory networks) becomes a major foundation upon which later cognitive development (secondary association areas, frontal lobes, etc.) occurs. This view is essential to our view precisely because it runs counter not only to much of traditional philosophy and science, but also to a central belief in North American culture: In recent years, it has become abundantly clear that William James' . . . characterization of the world of the infant as a "blooming buzzing confusion" is simply wrong. There is evidence that the infant's world is structured and that far from being overwhelmed by a barrage of stimulation which only slowly comes to be sorted out, the infant from his earliest days is quite properly characterized as competent and organized. It is our contention that one of the major sources for this organization is the infant's limited sensory capacity (Turkewitz and Kenny 1982:362) The bias in western culture tends toward a naive rationalism: In the absence of an effective conceptual order, reality is reduced to a terrifying chaos-an abysmal, seething state in which vast, randomizing, demonic energies threaten to overwhelm the world. The psychology of James (1890) noted above, and to some extent the theology of Tillich (1963) and the alchemical interpretations of Jung (1955), bear evidence to this claim. Jung, for instance, speaks of the chthonic spirit which he sees as the sexually charged, dark, dangerous and demonic side of God (and of our own psyche). The human condition from this vantage point is one of a terrible tension between the rational ego (culturally associated with light, life, right-handedness and the male principle; Hertz 1909; Needham 1973) and chaos (associated with dark, death, left-handedness and the female principle). The only order is rational and egocentered order. As R.D. Laing (1982) has noted, something like this egocentered view of order lies behind the inability of the Freudians and others to credence the possibility of prenatal consciousness: If the prenatal child has no ego (the argument might run), then how can it be conscious (the very word "conscious" implying some sort of awareness or knowledge, or at least structured experience)? An alternative view, and the one we take, is that all of human experience is intrinsically ordered from the very beginning of development, that pre-rational order is inherent in perception itself. The prerational order is precisely the genetically predisposed organization of the neurosensory apparatus mediating perception. This is a view which is consonant with the psychology of Maurice Merleau-Ponty (1962, 1964; but see also Gibson 1969). For Merleau-Ponty, a student of Husserl, the phenomenology of perception is "a philosophy for which the world is always 'already there' before [rational] reflection begins as an inalienable presence; and all its efforts are concentrated upon reaching a direct and primitive contact with the world, and endowing that contact with a philosophical status" (1962:vii). The world as presented to consciousness within the sensorium⁷ is already ordered and meaningful (Merleau-Ponty 1962:11). The ordered world is not merely the mapping of memory onto a chaos of sensations (ibid:19). Rather, perception is the very ground of science and knowledge; that is, the primary task of science should be the study of the world-as-given in perception (ibid:47). In modern times we have lost sight of the meaningfulness of pure perception: "we shall no longer hold that perception is incipient science, but conversely that classical science is a form of perception which loses sight of its origins and believes itself complete. The first philosophical act would appear to be to return to the world of actual experience which is prior to the objective

world, . . . to reawaken perception and foil its trick of allowing us to forget it as a fact . . ." (ibid:57). To work one's way back to the arising of pure perception and to dwell in the primacy of its order is to participate in the ongoing creation of the world while in a sort of "pre-personal" form of consciousness (ibid:xi; read pre-egocentered). This is the phenomenologist's "being-in-the-world" and "return to things themselves" (ibid:ix and 80) where there no longer exists a dualism between a prime perceptual order and a secondary objective knowledge. This perceptual world-as-given is the lifeworld (lebenswelt) notion that Edmund Husserl posed as the core theme of phenomenology (see Merleau-Ponty 1962:vii). And it is precisely this lifeworld that we argue predominates in the experience of the pre- and peri-natal person. The Development of the Sensorium

Consciousness is not an object that is absent at one point in development and magically present at another point. Neither is consciousness to be identified as a single quality, such as self-awareness, will or feeling, that sort of "pops up" somewhere later in development. Rather, consciousness is the functional space (or concatenation of factors) within which experience arises and passes away, and the kind of experience will depend upon the stage of maturation of the neurocognitive structures mediating experience. Neural function requires complete networks. It has been long assumed that nervous systems and networks are goal seeking, information processing systems made up of non-goal seeking, non-information processing neurons. This view has come into question (see Klopff 1982:6) as theorists realize that nerve cells are not sort of organic microchips that as static units only begin to function when "wired-up" to networks, but rather are living, functioning, organisms. A more realistic view is that each of the nervous system's 10¹² neurons is a goal seeking unit that developmentally becomes increasingly involved in hierarchy after hierarchy of organization (see Powers 1973). A single neuron may come to accrue 10,000 or more synaptic inputs (Haug 1972). "The overall conclusion is that intelligent brain function can be understood in terms of nested hierarchies of heterostatic goalseeking adaptive loops, beginning at the level of the single neuron and extending upward to the level of the whole brain" (Klopff 1982:13). We are of the view that consciousness is present at an early stage of gestation and that it develops as a function of the development of its operating neurocognitive structures, particularly those structures mediating the sensorium. The data on just when the various functions arise in prenatal development are often spotty. At any rate, it is clear that the lifeworld of the prenatal child is indeed a rich unfolding of experience at least by the beginning of the second trimester. The lifeworld is rich in color and form, both in waking phases and in dream phases. It is also rich in a full range of auditory frequencies, tactile sensations, somaesthetic sensations of intrinsically initiated movement, and a range of taste sensations (see Barlow and Mollon 1982). It is difficult to obtain direct evidence of attention or "awareness," but if one presumes a relationship between conjugate saccades (rapid focusing eye movements) and attention, this function is operating by at least the 28th week. And if one assumes that some form of awareness is requisite for memory (operating by at least the 25th week), then this would push the beginnings of awareness back much further (e.g., Ploye 1973). In any event, the child is exquisitely sensitive to its environment, and the range of visual, auditory, biochemical, emotional and somaesthetic stimuli that can arise in the sensorium is remarkable (see for example, Ploye 1973; Liley 1972; Schell 1981; Sontag 1941; Fries 1977). The Ordered Lifeworld The development of the nervous system in pre- and peri-natal life is precisely and innately ordered (Larroche 1966). The lifeworld is thus a functional reflection of the emerging structure of the sensorium. If one were to hold that the prenatal child's lifeworld, or perception in the adult for that matter, was some kind of "blooming buzzing confusion," one would have to divorce the experience of perception from the neural structures mediating perception. There exists no stage of development in which the sensorium is in chaos. It is ordered from first to last (e.g., Blakemore 1974 on the visual cortex). Yet this is never a fixed or inflexible order.⁸ Rather, sensorial organization emerges during development mediating an ever ordered, yet ever richer, more flexible, and more complex field of perception. And as the sensorium develops, particularly at the subcortical levels, well before the so-called higher cortical functions, the order inherent in perception is the primary order in human experience. In other words, the primacy of perception holds not only for moment-by-moment cognition, but for ontogenesis as

well.9 TIBETAN BUDDHISM Gender in Tibetan Cosmology There are a number of versions of Tibetan cosmology possible, as Paul (1982:43ff) so aptly describes (see also Stein 1972). Most versions depict the origin of the cosmos by reference to an absolute undifferentiated realm which somehow becomes differentiated into the primordial paternal (associated with light or brilliance) and the primordial maternal (associated with darkness and torment; Paul 1982:51; see, e.g., Getty 1962:197). Other versions associate the Great Mother of Infinite Space with the absolute realm at the beginning of cosmogony (ibid:52). By way of a series of bifurcations the world is created as an essential polarity with masculine light on the right hand and feminine dark on the left hand (ibid:49). This splitting of cosmogony into masculine and feminine is a pattern familiar to anthropologists and mythologists as being one common among the world's cultures (see e.g., Neumann 1963). The associations between bright masculine and dark feminine, and right and left hand respectively, was noted early in this century by the French sociologist, Robert Hertz (1909). Not surprisingly, the feminine aspect is further associated with womb, which in turn is associated with hell and with death and rebirth (ibid:255). The womb is transformed in myth into a sack or cave in which the hero (masculine) hides while awaiting rebirth (ibid:261, 289), and becomes the grounds for suppression of females who are associated with demons and passion, and are thus dangerous to masculine unity (ibid:272). It should be noted that legendary teachers like Milarepa are often depicted as having spent years dwelling in caves and meditating in cave mouths (Evans-Wintz 1969), a type of solitary meditation actually not allowed any save the most seasoned mediators (author's own research). The cave mouth qua vulva is seen as the only route to rebirth, also a common motif among the world's mythologies (see Campbell 1949:297ff).

Symbolic Penetration The author has spent seven years researching Tibetan meditation practices, including several periods of retreat in Tibetan monasteries in Nepal and elsewhere. This practice has led to the understanding that symbols operate in meditation by a process we have called penetration (Webber and Laughlin 1979; Laughlin, McManus and Webber 1984; Laughlin, McManus and Stephens 1981; and Laughlin, McManus, Rubinstein and Shearer 1985). Penetration can be modeled analytically as occurring in five stages: outer sign, inner sign, universal (or secret) sign, absorption into universal sign, and absorption into the Transcendental. The outer sign refers to the construction of the image taken as object of meditation. Instructions on precisely how to do this in the Tibetan system are in the text (sadhana), augmented perhaps by the painting (tanka). However, the intent is for the initiate to internalize the image as quickly as possible—that is, be able to meditate upon the inner sign without reference to the text or painting. He/she can now conjure up the image in his/her "mind's eye" without reference to external cues. The initiate meditates upon the inner sign until a corresponding universal sign appears. The universal sign is a spontaneous arising "from the depths" which comes unbidden and may bear little or no logical relationship to the inner sign. The initiate then shifts the focus of attention to the universal sign. If the focus of attention is sufficiently concentrated, absorption (jhana or samadhi) into the universal sign will occur. We will not discuss the Transcendental here as the issue is far too complex. Interested readers are directed to Nishitani (1982).

Gender and Meditation Experiences It is not surprising that intense meditation by either a male or a female meditator upon male and female deities in sexual union leads to experiences and insights pertaining to the masculine and feminine principles operating in consciousness. And given the thesis discussed above, it will also not surprise the reader to hear that experiences associated with the feminine relate to the unfolding of the lifeworld and those associated with the masculine relate to conceptual knowledge about the lifeworld. More specifically one comes to directly experience a dialogue between conscious conceptual knowledge (referred to variously in Sanskrit as nana, vinnana or panna; in Tibetan, nam*par*shes*pa*) and the unfolding and developing organization of the lifeworld which, when revealed to awareness, becomes intuitive wisdom (in Sanskrit, prajna; in Tibetan, shes'rab*).¹ The emphasis in Buddhist insight meditation is upon the process of gradual merger of these two orders or forms of knowledge into a unitary unfolding knowing. The culmination of this union is seen as an undifferentiated knowing which is the lifeworld knowing itself as it really is. It is becoming recognized that people often re-experience their womblives and births under hypnotic regression

(Chamberlain 1980, 1983) and primal therapy (Janov 1972), and under the influence of psychoactive drugs (Grof 1979). It has not yet been generally recognized that the experience of womb and birth scenes spontaneously arise during meditation, particularly when the meditation is carried out in an intense retreat situation. The author recalls once meditating on the breath (anapanasati) in a straightback chair when a tunnel arose in the visual field at the end of which was a light which grew brighter and more intense (accompanied by a growing flow of energy in his body). When the climax of the experience had passed, he found himself lying on the floor in fetal position with arms and legs twitching and in a state of confusion as to how he had gotten there. This particular meditation (breath, or (anapanasati) is well known among advanced meditators to be associated with hypermnesia, the capacity to remember in extraordinary detail, a phenomenon which also arises in the course of hypnotherapy (Chamberlain 1983:29). Tibetan adepts have commonly reported recalling not only birth in this lifetime, but also births in previous lifetimes. And the Tibetan doctrine of reincarnation is intimately associated with womb and birth symbolism (see Evans-Wintz 1960:179). In fact, anthropologists have learned that birth and death are commonly related among the world's cultures, as is womb-birth symbolism related to the quest for spiritual power (see e.g. Eliade 1958, 1964; Harner 1980:32ff). So much can be said for our own cultural traditions as well (see Neumann 1963:43ff on myth and Silber 1971:133 on the alchemical tradition).

SUMMARY The lifeworld with its inherent, lawful unfolding order (Greek, physis; Skt., prajna), predominates in pre- and perinatal consciousness. The lifeworld becomes cognitively associated with the feminine and later with feminine aspects of consciousness (or the world as portrayed in consciousness). Conceptual knowledge (Greek, logos; Sanskrit, panna) which has developed in adaptation to the lifeworld becomes associated with the masculine through complementarity with, or opposition to, the feminine. This is a process that is universal to all people in all cultures. Finally, meditation upon masculine and feminine forms in Tibetan tantric practice penetrates to this fundamental cognitive bifurcation, activates the polarity, and may ultimately bring about the experience of reunion between lifeworld and knowledge.

IMPLICATIONS We would like to briefly point out two implications of the womb = woman = world theory for future consideration and research: (1) the interactive relationship of negative pre- and perinatal experience and developing cognition, and the importance of this relationship to an understanding of (2) gender identity.

Negative Womb-Positive Womb The entire mechanism of gestation and perinatal mother-infant bonding is biologically designed to provide the most favorable circumstances for early ontogenesis. Even so, the intrauterine and early postuterine environments are anything but impervious to stressful intrusion (Schell 1981; Sontag 1941; deMause 1981; Stone 1973; Bekoff and Fox 1972; Fries 1977; Liley 1972; Ploye 1973). In fact, the pre- and perinatal child may be stressed to the point of distress (a la Selye 1956; or even death, Verny 1981), and such trauma can mark the entire course of postnatal development (see reviews in deMause 1981; Verny 1982; Chamberlain 1983; Fries 1977). We would particularly point to the influence of pre- and perinatal experiences on the establishment (or "tuning") of a characteristic balance of autonomic functions (see Gellhorn 1967). The data on intrauterine autonomic tuning for humans are spotty at best (Richmond and Lustman 1955; Wenger 1941), but much more suggestive data are available for non-human subjects (Hofer 1974). We suggest that a range of autonomic balance vis-a-vis the lifeworld is established in utero, during birth and in early infancy, and that responses based upon this range will vary with the individual (see Richmond and Lustman 1955; Grossman and Greenberg in Stone et al 1973), and between cultures (Brazelton, Koslowski and Tronick 1977; Liedloff 1975). We disagree with deMause's (1981) contention that the prenatal lifeworld is inevitably stressful and that the pre- and perinatal child is always ambivalent in its response to the lifeworld. Rather, we agree with Stave (1978:29) and Liedloff (1975) that a naturally nurturant pre- and perinatal environment, including natural mother-infant bonding, results in a positive adaptation on the part of the child. In other words, the child will have an initially positive orientation to its lifeworld. The child is innately prepared to be born and to bond with (imprint upon) its mother (Sugarman 1977). This translates into a largely positive response to the (often rapid) changes in the lifeworld and a preparedness to cognitively identify lifeworld with mother-thus the first part of our womb = woman = world equation. However,

if the lifeworld includes a persistent pattern of stress from phenomena such as anoxia, stress-related hormones from the mother, failure of nurturance, failure of bonding, insensitive actions on the part of physicians and staff, and the like (see Verny 1981), then the child's orientation to its lifeworld may well be ambivalent, or even largely negative. We suggest that the range of initial orientation to the lifeworld from positive through ambivalent to negative will influence the developing relationship between lifeworld (feminine principle) and cognition (masculine principle). Simplifying somewhat, positive pre- and perinatal orientation will lead to developing complementarity between lifeworld and cognition, while ambivalent to negative orientation will lead to some degree of opposition between lifeworld and cognition. In other words, positive orientation toward womb = woman = world will result in cognition (associated with masculine) becoming defined in complementarity to, and not in opposition to, the lifeworld. On the other hand, negative orientation will result in cognition becoming defined in opposition to, and not complementarity to, the lifeworld. A complementary relationship between lifeworld and cognition is marked by fluidity and equality of interaction between events and cognitions, a sense of connectedness of everything, a non-threat response to lifeworld changes, and little sense of duality or distinction between knowledge and event, self and other. An oppositional relationship on the other hand, is marked by struggle to conceptually fix, rigidify, or stabilize interaction between events in the lifeworld and cognitions, a sense of distance, alienation, isolation and inequality between events and cognition, a chronic sense of danger and threat and attendant anxiety about events and an emphasis upon controlling or dominating events. The Problem of Gender We further suggest that there exists a relationship between positive and negative lifeworld orientation on the one hand and the nature of gender identification on the other hand. This is because although the consciousness of each individual includes (feminine) lifeworld and (masculine) cognitive functions, each individual belongs to a single gender. Individuals must come to identify with either the gender associated with the lifeworld (i.e., female) or the gender associated with cognition (i.e., male).¹¹ We would expect to find (all else being equal) few difficulties arising in the process of gender identity among individuals or groups experiencing thoroughly positive lifeworld orientation. Both males and females identify with essentially positive categories, and the relationships between the genders is defined upon the principle of complementarity. Complementarity means that the two genders are not entirely defined upon sets of mutually exclusive qualities, but are seen to hold many qualities in common, and exclusive qualities where they are defined are seen as merely binary aspects of the same thing. In other words, we are persons first and foremost and genders second. Difficulties arise for individuals and groups experiencing ambivalent to negative orientation to lifeworld, for half the population (females) are required to identify with the negatively evaluated lifeworld (i.e., womb = woman = world) and the other half (males) are required to identify with cognition defined in opposition to negatively evaluated lifeworld. Oppositionally defined gender means that each gender is coded as a set of mutually exclusive qualities, and there is conceived to be little or no overlap between the sets: e.g., "boys are tough and girls are soft," etc. Thus in a society such as our own where pre- and perinatal lifeworld events have been for many people routinely stressful, we would expect to find among many women: (1) ambivalent feelings towards one's own gender; (2) ambivalence towards pregnancy, birth and motherhood; (3) frequent failure of confidence in independent coping with lifeworld events; (4) a tendency toward masochism and subordination; (5) and weak female-female bonding. Among many men we would expect to find: (1) ambivalent to negative feelings towards females, leading to attraction-avoidance binds; (2) minimal or no involvement with pregnancy, birth and postnatal care, (3) failure of empathy towards infants; (4) strong male-male bonding; (5) notable emphasis upon control and dominance over females in sexual and non-sexual interaction; (6) and a tendency towards sexual aggression and violence.¹² We are explicitly pointing to an interactive, developmental model linking culturally patterned pre- and peri-natal lifeworld events with adult cultural patterns such as type of economy and political structure, sexual division of labor and deviance. REFERENCES REFERENCE NOTES 1. This paper was presented at the annual meeting of the Society for the Scientific Study of Sex in Chicago, November, 1983. We owe much to the ideas and suggestions, as well as editorial corrections, offered by John

McManus, Peter Hertz, Shawn MacPherson, Steve Richer, Myra Mossman, Shelley Chubby, Karen Friedl, John Cove, Sheila Richardson, Iain Prattis, Elizabeth Allgeier, Radhika Sekar and Sheila Evans. A special acknowledgement must go to Michael Ling who did much of the library research for us and contributed to many discussions. However, none of these folks should be held responsible for our peculiar views. 2. The perspective taken here is that of biogenetic structuralism (Laughlin and d'Aquili 1974; d'Aquili et al 1979). Biogenetic structuralism is an interdisciplinary approach that is grounded in evolutionary biology and the neurosciences, and that has tried wherever possible to integrate data derived from direct experience into models of neurocognitive process (see Laughlin, McManus and Shearer 1984). Our group is interested in how symbolism operates in the neurocognitive mediation of religious experience (Laughlin et al 1979, 1981; Laughlin and Stephens 1980; d'Aquili 1982, Webber et al 1983. The perspective most closely allied to our own are those of Pribram (1971,1977), Globus (1976), Piaget (1971,1977,1980), Crook (1980), and Count (1973). 3. In attempting always to integrate neurocognitive with cross-cultural behavioral and phenomenological data toward a solution to any particular problem, we have become sensitized to expect some form of direct, firsthand experience underlying even seemingly bizarre tales, myths, legends, ceremonials, mystical dramas and "superstitions." We feel that the human sciences must now come to credence the possibility that direct experiences are the source of cross-cultural symbolic material, as was suggested by Thompson (1935:201-202) for claims of psychic powers for saints in the middle ages, and as has been shown by Hufford (1982) for the so-called Old Hag phenomenon and by Greeley (1975) for a variety of psychic occurrences including deja vu, clairvoyance and contact with the dead. 4. Among the polemics encountered during this study were: free choice vs. right to life; Freud vs. Rank (is birth recall memory or mere fantasy?); the primacy of perception vs. the primacy of cognition in experience; clinical data vs. pure research (the usual applied vs. pure science squabble); "split-brain" vs. "working brain" models of neural asymmetry; nature vs. nurture (or nature vs. culture); gender as symbol vs. gender as role; mind and brain different vs. mind-brain identity. In order to bear in on the essence of the central thesis, we will sidestep most of these weighty issues where they do not directly bear on the thesis. However, to avoid possible misunderstanding, the views forming a background to our theory may be presumed from the following caveats: a) Consciousness begins at or near conception. This is contrary to the dominant belief in North American culture that life and consciousness begin respectively at and after birth. The evidence in favor of pre- and peri-natal consciousness seems to be overwhelming and growing rapidly (see reviews by Verny 1982; deMause 1981; Chamberlain 1983; Stone et al 1973; Kessen et al 1970). The interesting questions center on the nature of consciousness and its constituent functions at the various stages of pre- and peri-natal development. b) Consciousness does not equal response. The presence of behavior is not requisite for the presence of consciousness, or any of the other constituents of consciousness; i.e. attention, sensation, feeling, cognition, memory, etc. Requiring response as evidence of consciousness is a long-standing error in the human sciences, influencing even sophisticated researchers such as Piaget (see Gruber and Voneche 1977:Part V). It has reached the point in research with prenatal children and with animals where it is reasonable to presume consciousness until proven otherwise, rather than presume lack of consciousness. c) Birth recall may be, and often is, veridical memory and not merely fantasy. A number of researchers have verified birth memory reports using a variety of methods (see Raikov 1980, 1982; Cheek 1974; Chamberlain 1980, 1982, see Chamberlain 1983 for review). d) Interdisciplinary study is the key to understanding complex issues. In keeping with the views of Sherif (1977) on the social sciences, and more recently of Kirk (1983) on the study of neurocognitive processes, the trend in science is away from highly specialized treatments of complex subjects, and toward interdisciplinary collaboration. This pooling of information and insight must incorporate both the so-called pure and applied (clinical) approaches. e) Nature vs. nurture is a false dichotomy. There is in reality no separation of nature and culture. As we will come to see, the conceptual opposition of these two aspects in the thinking of people is due largely to psychodynamic factors and not an accurate scientific description of experience. f) "Mind" and "brain" are two ways of viewing the same process. "Brain" refers to the physiological-structural

attributes of "mind," and "mind" refers to the ways "brain" experiences its own functions. To posit mind-brain dualism is yet one more false dichotomy. Mind you, this is not a simplistic reductionist or identity view in which brain may be treated as mind, or mind as brain. Rather it is a structural monist view in which mind and brain are treated as different windows for watching the same process-and the more windows the better. 5.

Anthropologists recognize that cross-culturally the male parental figure is not always the male genitor, but may be mother's brother or some other category of kin. But for simplicity we will refer to "father" throughout this study. 6. We are refraining from offering any simplistic definition of consciousness. To define the term would imply we understand precisely what consciousness is. Rather, the question of consciousness is problematic: what consciousness is, how it functions, its relationship to physiology, how it develops, are all questions of primary concern. 7. The term "sensorium" is a common one in medicine and psychiatry meaning "any sensory nerve center; more frequently the whole sensory apparatus of the body" (Dorland's Illustrated Medical Dictionary, 23rd edition). 8. Towards the end of his career, Merleau-Ponty had concluded that even the organization of perception could be influenced by culture (Merleau-Ponty 1968:212; see also Bide 1983:109ff), thus bringing his thinking in line with a major theme in anthropological theory, the so-called Sapir-Whorf hypothesis (see Miller and McNeil 1969 for a review). 9. To put it in Greek terms, the organization of physis is both epistemologically and ontologically prior to that of logos. 10. Our use of prajna and vinnana agrees more with Suzuki (1967:66) than with Turner (1974:47ff) in that prajna reflects the order-as-given in the perceived lifeworld and not the fundamentals of social organization, although the latter may be presented to consciousness in the former. 11. We are ignoring for the sake of simplicity any process of individuation leading to a more androgynous personality. 12. Tom Verny (personal communication) has also considered the connection between birth trauma and sexual violence on the part of males. He has initiated research along these lines.

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Piaget, J. (1977) *The Development of Thought* New York, The Viking Press. Piaget, J. (1980) *Adaptation and Intelligence* Chicago, University of Chicago Press. Ploye, P.M. (1973) Does Prenatal Mental Life Exist? *International Journal of Psycho-Analysis* 54:241-246. Powers, W.T. (1973) *Behavior: Control of Perception*. Chicago, Aldine. Pribram, K.H. (1971) *Languages of the Brain*. Englewood Cliffs, Prentice-Hall. Pribram, K.H. (1977) *Observations on the Organization of Studies of Mind, Brain, and Behavior*. In *Alternate States of Consciousness* (ed. by N. Zinbert). New York, The Free Press. Raikov, V.L. (1980). Age Regression To Infancy By Adult Subjects In Deep Hypnosis. *American Journal of Clinical Hypnosis* 22(3):156-163. Raikov, V.L. (1982) Hypnotic Age Regression to the Neonatal Period: Comparisons With Role Playing. *International Journal of Clinical and Experimental Hypnosis* 30(2):108-116. Richmond, J.B., Lustman, S.L. (1955) Autonomic Function in the Neonate: I. Implications for Psychosomatic Theory. *Psychosomatic Medicine* 17:269ff. Rubinstein, R.A. (1983). Structuralism and The Study of Cognitive Process. In *The Future of Structuralism* (ed. by J. Costen and A. deRuijter). Göttingen-Geismar, West Germany, Edition Herodot. Rubinstein, R.A., Laughlin, CD. (1977) Bridging Levels of Systemic Organization. *Current Anthropology* 18:459-481. Schell, L.M. (1981) Environmental Noise and Human Prenatal Growth. *American Journal of Physical Anthropology* 56:63-70. Selye, H. (1956) *The Stress of Life*. New York, McGraw-Hill. Sherif, M. (1977) Crisis in Social Psychology: Some Remarks Towards Breaking Through the Crisis. *Personality and Social Psychology Bulletin* 3:368-382. Silber, H. (1971) *Hidden Symbolism of Alchemy and the Occult Arts*. New York, Dover (orig. ed. 1917). Snellgrove, D., Richardson, H.E. (1968) *A Cultural History of Tibet* New York, Frederick Praeger. Sontag, L.W. (1941) *The Significance of Fetal Environmental Differences*. *American Journal of Obstetrics and Gynecology* 42:996-1003. Stave, U. (1978) Maturation, Adaptation, and Tolerance. In *Perinatal Physiology* (ed. by U. Stave). New York, Plenum Medical Book Co. Stein, R.A. (1972) *Tibetan Civilization*, Stanford, Stanford University Press. Stone, L.J. et al (1973) *The Competent Infant* New York, Basic Books. Sugarman, M. (1977) Perinatal Influences on Maternal-Infant Attachment. *American Journal of Orthopsychiatry* 48:407-421. Suyuki, D.T. (1967) An Interpretation of Zen Experience. In *The Japanese Mind* (ed. by C.A. Moore). Honolulu, East-West Center Press. Thompson, A.H. (1935) *Bede: His Life, Times, and Writings*. Oxford, Oxford University Press. Tillich, P. (1963) *Systematic Theology*. Chicago, University of Chicago Press. Trungpa, C. (1981) *Journey Without Goal* Boulder, Colorado, Prajna Press. Turkewitz, G., Kenny, P.A. (1982) Limitations on Input as a Basis for Neural Organization and Perceptual Development: A Preliminary Theoretical Statement. *Developmental Psychobiology* 15(4):357-368. Turner, V. (1974) *Dramas, Fields, and Metaphors*. Ithaca, New York, Cornell University Press. Verny, T. (1982) *the Secret Life of the Unborn Child* New York, Dell. Vycinas, V. (1961) *Earth and Gods*. The Hague, Nijhoff. Webber, M., and Laughlin, CD. (1979) *The Mechanism of Symbolic Penetration*. Department of Sociology-Anthropology Working Paper 79-8, Carleton University, Ottawa, Canada. Webber, M., Stephens, C.D., Laughlin, C.D. (1983) *Masks: A Re-Examination*, In *The Power of Symbols* (ed. by R. Crumrine and M. Halpin) Vancouver, University of British Columbia Press. Wenger, M.A. (1941) *The Measurement of Individual Differences in Autonomic Balance*. *Psychosomatic Medicine* 3:427. Willis, J.D. (1972) *The Diamond Light* New York, Simon and Schuster. AuthorAffiliation Charles D. Laughlin, Ph.D. AuthorAffiliation Dr. Charles Laughlin is a professor of anthropology in the Department of Sociology and Anthropology, Carleton University, Ottawa, Ontario, Canada K1S 5B6. He is co-author of the recently published book, *Brain, Symbol and Experience* (Boston: Shambhala New Science Library, 1990).

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Sharing Space: A Proposed Course Outline on Pre- and Peri-Natal Psychology

Author: Verny, Thomas R, MD; Irving, Michael C, MA

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Abstract: None available.

Full Text: Headnote ABSTRACT: Though there is mounting demand by students for information about Pre- and Peri-Natal Psychology there is no such course being offered at a recognized university at this time. The authors, in an attempt to facilitate discussion on this subject and eventual implementation have prepared a course outline. INTRODUCTION The course outline that follows is intended to chart the territory of Pre- and Peri-Natal Psychology as we know it. Course leaders will naturally need to change and fashion it according to their own areas of interest and expertise as well as the restraints of hours of instruction available and the level of sophistication and knowledge of the students. The authors would be happy to offer further advice, suggestions and references to academics who are considering offering this course. They would also like to receive information about any courses that are already being given on this subject or courses that incorporate some of these topics. COURSE OUTLINE ON PRE- AND PERINATAL PSYCHOLOGY Pre and Perinatal Developmental Psychology Embryology and Fetology Focus on Central Nervous System, Audiology Mental and Emotional-Consciousness, Memory Pre-Natal Learning Normal Development External Stimulation Psychological Development of Infants The Psychology of Pregnancy Psychological Preparation for Pregnancy Parents Risk Screening Once Pregnant Physiological Risks and Requirements During Pregnancy which Impact on Psychological and Developmental Health of Child Smoking, Drugs, Sleep, Rest/Anxiety, Work, etc.

Psychology of Infertility Third Party Conceptions-Effects on Babies Born in This Way AI IVF (Test Tube)
Surrogate Parents Ethical and Moral Issues Pre and Perinatal Loss and Grief Prenatal Death Perinatal Death
Sudden Infant Death Syndrome Postpartum Depression Pre and Perinatal Psychology and The Family Pre-
natal Communication/Bonding Between Parents/Siblings and Baby Talking and Playing Music Pregnancy and
Dreams Mothers Fathers Pre-Natal Classes Physiological exercises Psychological Preparation Psychological
Implications of Birthing Practices Medical Interventions During Pregnancy and Labour ie. Ulltrasound,
Amniocentesis, Fetal Heart Monitors-Effects On Mother Father Birthing Staff Obstetrics esp. Labor and
Delivery, Effects of Analgesics and Anesthetics On Mother Infant Choice of Birthing Places and Methods,
Midwives, etc. (who, how done) Leboyer type deliver, Advantages and Disadvantages Post-natal Bonding
Talking, Playing Breast Feeding NICU's-What They are and How They Can be Humanized Pre and Perinatal
Influences on Personality Pioneers of Pre and Perinatal Psychology-Freud, Rank, Fodor, Greenacre, etc. The
Effects of Birth on Adult Personality Adult Dreams Birth, Suicide and Drug Addiction Infant and Child Personality
The Effects of Prenatal Events on Adult Personality Adult Dreams Infant and Child Personality Adoption-Closed,
Open, Long Term Effects on Child Adoptive Mother, Father, Siblings Biological Mother, Father, Siblings
Abortion-Positive and Negative Psychological Effects on Mother Father and Siblings Future Pregnancies
Unwanted Children and Survivors of Attempted Abortions Retrieval of Pre and Perinatal Memories Treatment
Treatment of Pre-Natal and Perinatal Traumas Present Treatment Modalities With Adults With Children Further
Implications The Effects of Pre and Perinatal Events On Mythology and Art Sociology and Politics THE FIRST
INTERNATIONAL SYMPOSIUM ON CIRCUMCISION A forum for leading world authorities on the medical,
cultural, psychological, religious, legal, and sexual aspects of genital mutilation was held in Anaheim, California,
March 1-3, 1989. The three-day event had a profound effect upon speakers and participants alike. It became
apparent that genital mutilation is primarily directed at children and that, with the mutilation, a very definite part
of human sexuality is irretrievably lost. On the final day of the conference, the General Assembly unanimously
passed the Declaration of the First International Symposium on Circumcision which recognized the inherent
right of all human beings to an intact body. Furthermore, the Assembly asserted, "physicians who practice
routine circumcision are violating the most important maxim of medical practice, "Primum non nocere," "First do
no harm," and anyone practicing genital mutilation is violating Article V of the United Nations' Universal
Declaration of Human Rights, "No one shall be subjected to torture or to cruel, inhuman or degrading treatment
or punishment." The core proceedings of the International Symposium were published in the July/August issue
of The Truth Seeker, available from NOCIRC. Audio and video tapes of the program are also available. For
further information write to the National Organization of Circumcision Information Resources Centers, P.O. Box
2512, San Anselmo, CA 94960. AuthorAffiliation Thomas R. Verny, M.D. and Michael C. Irving, M.A.
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Mourning Unlived Lives

Author: Garland, Kelduyn R, MSW

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Abstract: None available.

Full Text: Mourning Unlived Lives by Judith A. Savage This book is an excellent applied theoretical treatise for mental health professionals on the factors influencing bereavement as relates to the impact and dynamics their clients/patients experience with reproductive perinatal loss (miscarriage, still births, neonatal death). As a person who has also sustained many losses in her life, including a perinatal loss, Ms. Savage sensitively presents the intrapsychic conflicts couples (especially mothers) experience, as well as the difficulty they encounter, in resolving such a loss because of the lack of history (length of time) and a concretized relationship between the parent(s) and prenat/neonate. She also clearly elucidates how this type of loss more intricately and profoundly affects those who experience such a loss for a prolonged period of time when not grieved to resolution. As a Jungian analyst, she uses this frame of reference to show the influence of the symbolic images common to all humankind on attachment and separation/loss in contrast to the limited perspective of the traditional Freudian psychoanalytical interpretation of grieving lost relationships. She also compares and contrasts the Jungian model with the more current models of Bowlby, Parkes, Lindemann, Kavanaugh, Kubler-Ross, Marris, and other thanatological psychologists for understanding bereavement and grief dynamics and the uniqueness of a reproductive perinatal loss. The flow of the text can become "bogged down" for those who are not acquainted with the Jungian model and terminology. Being a theoretical treatise, the book uses an intellectual style rather than embodying a more fluid reading style which incorporates emotional interaction with the content. For this reason it is not recommended for someone who is in the midst of grieving a reproductive perinatal loss. It is primarily for the professional audience and for parents of reproductive perinatal loss who have resolved and integrated their loss (deceased child), and are ready for a more cognitive context in which to understand in greater depth the journey they went through. AuthorAffiliation Kelduyn R. Garland, MSW

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The Woman in the Body: A Cultural Analysis of Reproduction

Author: Davis-Floyd, Robbie

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Full Text: The Woman in the Body: A Cultural Analysis of Reproduction by Emily Martin. Beacon Press, 1987. Paperback, 276 pp. \$11.95. Winner of the 1988 Eileen Basker Memorial Prize. As anthropology at its best can do, this book exposes hidden cultural assumptions about the nature of reality. Martin has produced a powerful study of the dialectic between medical metaphors for women's reproductive processes and women's own views of those processes. She and her associates interviewed 165 white and black women, seeking a balance between the three life stages of puberty, childbearing, and menopause. 43% of her interviewees were working-class; 57% middleclass. Early on Martin came up against one of the greatest dangers of studying one's own society. Hearing women discuss uterine contractions as separate from the self and labor as something one

"went through," and reading the same in medical texts, she at first thought that her interviews had turned up views of the body that simply reflected actual scientific fact. It took her some time to realize that such scientific views are not "fact" but culturally grounded statements of an underlying ideology. To get at this ideology Martin studied medical texts for the "grammar" that scientific medicine uses to describe female bodies. In this medical grammar, she finds industrial society writ small. The female reproductive tract is a machine designed to produce a baby; accordingly, menstruation represents failed production, connoting both a productive system that has failed to produce and one that produces only useless waste. Such metaphors, disturbing to a society whose existence depends upon continued production, lead to menstruation's description in medical texts in highly negative terms: The fall in blood progesterone and estrogen, which results from regression of the corpus luteum, deprives the highly developed endometrial lining of its hormonal support . . . Disintegration starts . . . The endometrial arteries dilate, resulting in hemorrhage through the weakened capillary walls; the menstrual flow consists of this blood mixed with endometrial debris. . . . (quoted on p. 48) (Martin contrasts this with a description of male reproductive physiology which speaks of the "remarkable" cellular transformation from spermatid to mature sperm, its "amazing" nature and "sheer magnitude.") Confronting the argument that the above is not value-laden but simply a factual description of menstruation, Martin examines medical descriptions of the analogous regular shedding and replacement of the lining of the stomach, finding in a number of texts no references to degeneration, but instead a stress on the periodic "renewal" of the stomach lining. Concluding that writers can choose to depict what happens to the lining of stomachs and uteruses either negatively as breakdown and decay or positively as continual production and replenishment, Martin suggests an alternative medical description of menstruation: A drop in the formerly high levels of progesterone and estrogen creates the appropriate environment for reducing the excess layers of endometrial tissue. Constriction of capillary blood vessels causes a lower level of oxygen and nutrients and paves the way for a vigorous production of menstrual fluids . . . Such a description would far more accurately reflect women's own more positive assessments of the menstrual fluid as the desired product. Viewing pregnancy as the sole purpose of female reproductive organs and despising menstruation as a "waste" ignores the reality that most women do not intend to get pregnant most of the time (and so are often joyful when menstruation begins), and conceals "the true unity women have . . . [Menstruation is] the one thing we all share" (p. 112). In spite of ambivalence about the "disgusting mess," most interviewees felt that menstruation defines them as women and insisted that they wouldn't want to give it up. Teens spoke of the joy of getting their periods so they could be part of the in-group that shared the women's "special secret," of mothers and sisters greeting their first menstruation with "You're a woman now!" Clear class differences emerged in women's conceptions of menstruation. Middle-class interviewees always explained menstruation in medical terms, but expressed frustration that this explanation bore little relevance to daily experience. (One such girl, although she understood "the mechanics," was panicked that she would flood the bed during the night. She got her first tampon only halfway in, thought she had to leave it there, and spent some agonizing hours.) Working class women never stated the medical explanation (although they had been exposed to it in school) and rarely reported such menstrual mystification-their mothers, sisters, and aunts usually told them exactly what to do. Working class women explained menstruation in terms of life change and actual experience: "It's just part of life. Your body's changing and you're becoming a woman"; "You bleed . . . to clean out your insides"; "It's just red blood." Pointing out that these women often express book knowledge in other domains, Martin suggests that they resist the scientific view in part because they find it so irrelevant to daily experience, a realm in which the middle-class women who internalize the medical view are often left floundering. In an enlightening chapter on PMS, Martin points out that definitions of menstruation as debilitating have historically fluctuated with the need for women's participation in the work force, (much as abortion laws have changed according to society's perceived needs for the production of more or fewer babies). Because her interview data revealed only four women out of 165 who reported PMS symptoms, Martin sees PMS not as a proven disability that affects 3/4 of all American women, as some medical reports have held, but as a culturally

constructed disease that reflects the intensive work discipline of industrial society and its structural lack of adjustment to women's cyclical changes. Exploring the PMS literature, Martin finds women stating that they feel more creative just before their period, more sensual, more in touch with their feelings and empathetic toward the world—a mode that, were it accommodated in the workplace, might result in the creation of many improvements and new ideas. Many women report the surfacing of rage. Here Martin provocatively suggests that being premenstrual may simply reduce the usual emotional controls women place on themselves in order to fulfill their socially prescribed roles—may be, in fact, the one time in the month that women are able to express their true feelings about those roles. Turning to birth, Martin shows, as I have often pointed out in my own work, that its medical interpretation is based on the metaphor of the female body as a machine producing a highly valued product. Medical texts see the uterus as a mechanical involuntary muscle producing "efficient" or "inefficient" contractions; judge good or poor labor by the "progress" made in certain amounts of time, and hold Friedman's curve to be a good measure of the overall efficiency of the machine. The woman is viewed both as a passive host for the contracting uterus and a laborer to be supervised, controlled, and exhorted to further effort, while the physician acts as the supervisor or foreman of the labor process. This set of metaphors fundamentally opposes mother and child: the perfect baby is the desired product, while the mother-laborer is such a threat to that product that delivery by Cesarean comes to seem inherently desirable. Extending the metaphor of birthing women as laborers, Martin compares resistance-oriented birth organizations such as C/sec and NAP-SAC to the solidarity of organized labor. She sees various cases of women's resistance to hospital birth—staying home as long as possible, refusing episiotomies—as analogous to the efforts of factory workers to slow down production rates and retain some autonomy over the production process, while staying at home to birth is analogous to striking or to becoming your own boss. (Here Martin fails to note that, like many workers, most laboring women neither resist nor protest but are content to work within the current system.) As in the industrial world, working class and especially black women report being ignored, devalued and disapproved of by white physician-managers. In the hospital as in the factory, ever more sophisticated machines (e.g. EFM) take more and more control away from workers, until the workers themselves begin to disappear (witness the new reproductive technologies). Then the doctor-technicians, previously the managers, become corporate employees, producing babies that have less and less to do with women while themselves losing autonomy and control over their working conditions. From her interviews, Martin distills the central image women held by the women in the bodies: "Your self is separate from your body." Menstruation, menopause, labor, and birthing "are states you go through or things that happen to you (not actions you do)." They are "the contractions," "the hot flashes"; they "come on"; women "get them." Martin finds that such sensations of fragmentation are increased by medical procedures such as epidurals and Caesareans that leave women feeling "sectioned" and alienated both from their bodies and from their babies. She stresses the compelling need for new key metaphors, new core symbols of birth, citing as examples of such imagery Rahima Baldwin's "life force," Gayle Peterson's "journey," Claudia Panthos' "dance" and Marilyn Moran's "intimate husband-wife love encounter." All such images, whether they hold the woman to be a passive channel for life energy or an active participant "riding" that energy, emphasize wholeness, seeking "to reintegrate the whole person from the jigsaw of parts created by modern scientific medicine" (p. 159). While Martin applauds the powerful images of women giving birth at Michel Odent's former clinic in Pithiviers, she laments what she sees as the cost of such images—that Odent regressively asserts a view of women as animal-like: Instead of seeing the Pithiviers women as engaged in a "natural" lower-order activity, why can we not see them as engaged in a higher-order activity?... Here, perhaps, are whole human beings, all their parts interrelated, engaged in what may be the only form of truly unalienated labor now available to us (p. 164) The advent of menopause was viewed very positively by most of Martin's post-menopausal interviewees, who saw it as a welcome relief from the inconvenience of their periods, as liberation from the need for birth control, and as a "milestone" spurring them to take stock and reach for greater happiness. In dramatic contrast, the dominant medical metaphor of the body-as-machine interprets menopause

as a breakdown of authority in the body's hierarchical information-processing system. Ovarian "decline" is caused by the "decreasing ability of the aging ovaries to respond to pituitary gonadotrophins"; follicles "Tail to muster the strength" to reach ovulation, breasts and genital organs "gradually atrophy" and "wither." Although younger premenopausal women tended to share this medical view that menopausal women are out of control, menopausal women themselves experienced feelings of strength, independence and "a release of new energy and potentiality." Most reported no major problems with menopause, describing it in simple, purely experiential terms: "It just stopped." Among those who did experience symptoms, the "hot flash" was the most common. Interviewees reported turning red, sweating (often profusely), and confusion, stating that this seemed to occur least frequently in private places where they were relaxed, and most frequently in public interactions, especially with superiors like bosses and physicians. From such reports Martin suggestively deduces that the primary emotion associated with hot flashes is not the latent rage unleashed in PMS but an embarrassment that expresses the stress of ongoing social subordination. American society is organized around a basic distinction between the realms of home and the outside workaday world. General cultural conceptions place menstruation, pregnancy, and menopause in the realm of home and family, but women themselves see them as inextricable from life at work and school. How to find time and private space to change tampons in high school? on the job? How to conceal exhaustion or hot flashes from your business associates? Women are asked to do the impossible-to conceal and control their bodily functions in institutions that do not heed their needs. Significantly, although Martin's interviewees recognized the incompatibility between their bodily processes and the world outside the home, no woman discussing the hassle or embarrassment went so far as to ask why the outside world does not legitimate the functions of women's bodies. Alone among major industrial countries, the U.S. lacks a national insurance plan that pays women's expenses for childbirth, and is one of few that does not compensate women for lost earnings. "This lack of institutional support makes it very difficult for women to be whole peopleproductive and reproductive at the same time" (p. 100). Martin concludes by suggesting that women's concrete experiences "can evoke . . . alternative visions . . . powerfully different from the reality that now holds sway" (p. 213). As she brings to consciousness women's fragmentation in the medical and social realms and our potential for creative self-reintegration, Martin offers us new opportunities to free ourselves and our bodies from the metaphorical limitations imposed on us by our society, and to expand our self- and social definitions through the power of these alternative visions. AuthorAffiliation Robbie Davis-Floyd, Ph.D.

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School-Age Pregnancy and Parenthood: Biosocial Dimensions

Author: Davis-Floyd, Robbie

Publication info: Pre- and Peri-natal Psychology Journal 5. 2 (Winter 1990): 179-182.

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Abstract: None available.

Full Text: School-Age Pregnancy and Parenthood: Biosocial Dimensions Jane B. Lancaster and Beatrix A. Hamburg, Eds. Aldine de Gruyter, New York: 1986 hb. 386 pp. In this important book, the biosocial perspective employed by the authors attempts to integrate what is known about teenage pregnancy in this and other cultures with evolutionary data on mammalian and human physiological development. The 32 essays, drawn from the biological, behavioral, and social sciences, are organized into four major sections: "The Life Cycle and Biological Development"; "Development: Emotional, Cognitive, and Sexual"; "Comparative Dimensions: Species, History, and Culture"; and "The Modern World." Each section challenges a number of common Western assumptions about the "problem" presented by teenage pregnancy. In her key essay, editor Lancaster points out that it is impossible to understand human physiology without understanding the hunting-gathering lifestyle for which it was designed—a lifestyle that has characterized 99% of the million or so years of human evolution. Women in early foraging societies reached menarche around age 15 or later, followed by several years of "adolescent subfertility" (temporary sterility). (Reiter's essay shows that ovulatory frequency rises from 15% just after menarche to 90% in the 6th postmenarchal year). Thus, although premarital adolescent sexual activity has been common and socially accepted in over 60% of known cultures, most girls did not actually become pregnant until around age 18, at which time they were adequately supported by simple societies organized around firm institutions of marriage and family. Evolution, in other words, has historically given the female body a period of time to act as an adult both socially and sexually without assuming the responsibilities of the maternal role. Konner and Shostak's provocative essay demonstrates that the age of menarche has been steadily declining for the past 150 years all over the world, generally as the result of improved nutrition and health. (In presenting their evidence, these authors dispel the commonly held notion that Juliet's age of 14 was normal for childbearing in medieval Europe—in Shakespeare's original source for the story, the heroine was 18). This trend in human maturation is one of the most profound changes in the biology of the species in recorded history. Although early adolescent sexual activity is biologically and cross-culturally normal, pregnancies resulting from such behavior are a new phenomenon. This fact has important implications for those who would condemn today's sexually active adolescents as immoral: the morality of the last few centuries in Western Europe is far from representative of most human cultures. Konner and Shostak point out that the earlier onset of menarche

can be expected to enhance the already strong biological sex drive among adolescents, and suggest that much of the drive for the sexual liberalization of the last three decades came from teenagers themselves in response to their accelerated sexual maturation. They stress that American society is still unprepared to cope with this major evolutionary change. Eveleth's essay on timing of menarche informs us that in traditional societies where caloric intake is still restricted, menarche still occurs late, and the birth of the first child even later. In contemporary societies, rural populations and lower socioeconomic groups average later menarche than urban and upper socioeconomic groups, as do athletes and dancers engaged in constant extreme energy expenditure. In the U.S., the average age of menarche for whites of European descent is 12.8 years, and for blacks is 12.5 years—the earliest in the world. Thus, some American girls will begin menarche at age 9, many more at age 10, and 75% by age 13.5. However, as Lancaster notes, adult pelvic capacity is not attained until ages 17 to 18: thus we are confronted with a very recent split of six years between the female's ability to conceive and her physiological fitness for delivery. Here emerges a recurrent theme of the book—that the term "teenage pregnancy" masks critical developmental differences between young, middle and older teenage mothers. Garn et al's essay on the biology of teenage pregnancy stresses that it is not an aberration that automatically places both mother and fetus at risk, as many physicians who treat pregnant teens seem to think, but is in fact the norm for most of the world. Addressing the common assumption that the "teenage factor" alone contributes to low birth weight babies, the authors were surprised by their own finding that only low prepregnancy weight and low weight gain during pregnancy correlate directly with low birth weight babies, no matter what the mother's age; thus the smaller size of the teenager's baby is in harmonious accord with the smaller size of the mother herself. The potential problem arises for the youngest of the teenagers, in whom more of the pregnancy weight gain goes to the placenta or to the maternal tissue stores than to the fetus. For such young teens, the authors advise a compensatory larger weight gain of 4kg or more during pregnancy. A number of other essays address the issues of social adaptation for teenage mothers and babies, stressing that the "social problem" focus of research on teen pregnancy may have blinded researchers from considering teenage parenting in its wider socioeconomic and ethnic context. Suggestive findings are presented on the role of the father, on the lack of communication about sexuality and reproduction between adolescents and their parents (peers and siblings tend to have a far greater effect on regular contraceptive use than parents!), on the correlations between teenage pregnancy and child abuse, the cultural differences between blacks and Hispanics that affect child-rearing practices, and the negative aspects of teen pregnancy outcome that often result not from age but from lack of social support and loss of educational and employment opportunities. This is an important book which will certainly be of service not only to anthropologists but also to childbirth educators, social workers, and health care practitioners. It calls into question the common cultural notion of teenage pregnancy as an inherently pathological condition, while at the same time pointing out the vast cultural and physiological differences between being pregnant at 13 and at 18, with the latter being a norm for the majority of our evolutionary past, while the former was a physiological impossibility until very recently in our history. Only the cultural nature of the extended period of adolescence in our society makes pregnancy problematic for the 18-year-old, while in no social system has pregnancy been the norm for the younger teenager. This long adolescence, during which the maturity, education, and experience requisite for successful coping can be developed, is not an evolutionary aberration but a necessary adaptation to its increasing complexity. Although teenage pregnancy is an entirely predictable outcome of that complexity, our society is barely beginning to be engaged in supporting and accommodating the biological and social reality of this entirely modern phenomenon. This book represents an important step in that process. As an anthropologist I appreciate the thoroughness of the book's coverage of available data, as well as its theoretical contributions to the issue. As the mother of a 10-year-old daughter, I am empowered by the book's information on average age of puberty and menarche, by its discussion of the cross-cultural normality of adolescent sexual behavior, and most especially by the information that those young teenagers whose parents are open and frank with them about their bodies are most likely to

have high self-esteem and to postpone initial coitus until age 16 or later-that is, until a time when pregnancy would represent far less physiological and social dissonance than in their early teens. (This is a piece of information that I have already put to immediate use!) Anthropology is at its best when, as in this book, it can broaden and deepen our understanding of such relevant and poignant social issues as school-age pregnancy, offer practical suggestions for positive response, and pinpoint the most important questions that will stimulate further much-needed research. AuthorAffiliation Robbie Davis-Floyd, Ph.D.

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The Tentative Pregnancy: Prenatal Diagnosis and the Future of Motherhood

Author: McKnight, Marilyn

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Abstract: None available.

Full Text: The Tentative Pregnancy: Prenatal Diagnosis and the Future of Motherhood, by B.K. Rothman. New York: Penguin Books, 1986. Amniocentesis is a prenatal diagnostic technique used to detect genetic disorders

in fetuses. The procedure involves an amniotic tap, usually performed during the sixteenth week of pregnancy. The test results are available about four weeks later. If the test results indicate a genetic defect in the fetus, then the parents may decide to have an abortion. Barbara Katz Rothman has written a provocative book, *The Tentative Pregnancy: Prenatal Diagnosis and the Future of Motherhood*, in which she discusses some of the implications of amniocentesis for women and society. According to Rothman, pregnancies in which amniocentesis have been performed are tentative. The woman follows personal, medical, and social rituals that acknowledge pregnancy. Nevertheless, she knows that depending on the test's results, she may decide not to carry the pregnancy to full term. Consequently, many of these pregnancies are tentative well into mid-pregnancy. Rothman's field work, which forms the backbone of the book, includes extensive interviews with women and medical professionals. She writes with sensitivity about women who have used the procedure. The voices of the interviewed women come out clearly in the text, bringing their seldom heard views into the arena of public discourse. While amniocentesis gives women a certain freedom to choose the kind of parenting they will undertake, Rothman's data suggests that women's opinions and experiences have not been sufficiently considered in the use of this relatively new technology. Rothman found that the use of amniocentesis changed the way that women experienced several aspects of pregnancy. For example, amniocentesis changed the emotional and social experience of quickening. Quickening refers to the first fetal movements felt by the mother. For many women it is an experience that affirms pregnancy. Rothman found that, when amniocentesis was used, fetal movement was not necessarily reassuring to the pregnant woman. Some women were unable to feel movement until after test results confirmed a genetically healthy fetus. Other women were faced with the difficult decision to abort a fetus that they had felt moving, and had become attached to. The author puts her concerns about amniocentesis to a pragmatic use by including an appendix, "Guidelines For Personal Decision-Making." In this section Rothman summarizes the clinical procedure, the fetal conditions that may be diagnosed, and the parameters involved in the decision-making process. In this book Rothman combines theoretical and historical perspectives with empirical data, enabling the reader to gain insight into some of the implications of this new technology. *The Tentative Pregnancy* is both informative, and provocative. It is a book that would be useful to health care consumers, as well as health care professionals. Marilyn McKnight

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